

National Pharmacy Board (NPB) meeting – 08 February 2023

NATIONAL PHARMACY BOARD OPEN BUSINESS AGENDA – 08 February 2023 at 09:00am

Please note: England, Scotland and Wales agendas can be found after the National Pharmacy Boards agenda

Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item Chaired
Open Business commences with RPS member observers at 9.00am						
1. (9.00)	Welcome	For discussion	Verbal	To welcome members and observers to the meeting	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair
2.	Apologies	For noting	Verbal	To note apologies received	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair
3.	a. Declarations of Interest b. Board members functions and duties	For noting	23.02/EPB/SPB/WPB.03a 23.02/NPB/03b	To note declarations of interest (either standing interests or interests specific to this meeting) and to note Board members functions and duties	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair

4	Minutes and matters arising	For decision	23.02/NPB/04	To approve minutes from the open business of NPB meeting on 29 September 2022 and to discuss the matters arising from these minutes	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair
5	Standing Orders re classification of open/closed business items for meetings	For noting	23.02/NPB/05	To note and approve the Assembly's recommendation to update the Standing Orders	Paul Bennett, CEO	Thorrun Govind, EPB Chair
6 (9.20am)	Professional Leadership	For discussion	Verbal	To receive an update on the UK Professional Leadership Commission	Paul Bennett (CEO) and Claire Anderson (President)	Thorrun Govind, EPB Chair
7 (9.35am)	GB business plan for 2023 for the 3 country boards	For discussion and sign off	23.02/NPB/07	To discuss and sign off the GB wide business plan for 2023 with a specific focus on <ul style="list-style-type: none"> • Independent Prescribing • Updates on Vision work in all 3 countries 	Country Directors	Thorrun Govind, EPB Chair
8 (10.05am)	Medicines Shortages	For noting	23.02/NPB/08	To discuss medicines shortages: advocacy work in this area to date and next steps	Country Directors	Thorrun Govind, EPB Chair
9. (10.20am)	Membership	For noting	Verbal	To give an update on membership	Neville Carter, CEMO, Neal Patel, Associate Director, PMED	Thorrun Govind, EPB Chair

10 (10.40am)	Papers for noting	For noting	23.02.NPB.10 (i),(ii), (iii), (iv), (v), (vi), (vii), (viii), (ix)	<ul style="list-style-type: none"> i. Science & Research update ii. Independent prescribing iii. Education update iv. Policy and consultations v. Public Affairs vi. Sustainability vii. Pharmacogenomics viii. Inclusion & Diversity ix. Workforce wellbeing 	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair
11 (10.45am)	Any other open business	For noting/discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair
12. (10.55am)	Dates of next meeting	For noting		Dates of joint board meetings for 2023 25 April 20 June – induction and working day for England and Wales only 21 June 20 September	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair

Close of Open Business at 10.55am (Comfort Break for 10 minutes) – RPS members will be asked to leave for the confidential session. They will be able to join the country specific sessions at 12.50pm (England, Wales & Scotland)

12.10pm – 12.50pm Close of Joint Confidential Business and Lunch

12.50pm Country Teams to go into breakout rooms for their individual country meetings for the remainder of the day- Individual country agendas to be discussed – RPS member observers can attend open business for the Country Boards

England Agenda Open commences at 12.50pm

EPB Open Business

1 (12.50pm)	Welcome	For discussion	Verbal	To welcome members and observers to the meeting	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair
2	Apologies	For noting	Verbal	To note apologies received	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair
3	Declarations of Interest	For noting	23.02/EPB/03	To note declarations of interest (either standing interests or interests specific to this meeting)	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair
4	Minutes and matters arising	For decision	23.02/EPB/04	To approve minutes from the open business of EPB meeting on 29 September 2022 and to discuss the matters arising from these minutes	Thorrun Govind, EPB Chair	Thorrun Govind, EPB Chair
5	English Pharmacy Board Elections 2023	To note	23.02/EPB/05	To note the English Pharmacy Board Elections for 2023	James Davies, Director for England	Thorrun Govind, EPB Chair

6 (13.05pm)	Vision for Pharmacy Professional Practice in England	For discussion	Vision Document	To give an update on the vision to date, implementation to date and work on further priority areas of the vision	James Davies, Director for England	Thorrund Govind, EPB Chair
14.15 pm Comfort Break -10 mins						
7 (14.25pm)	GB business plan for 2023 for the 3 country boards	For discussion	23/02/NPB/07	To further discuss the GB business plan for 2023 and to identify areas of priority and England focus.	James Davies, Director for England	Thorrund Govind, EPB Chair
8 (15.25pm)	Any other open business	For noting/discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	Thorrund Govind, EPB Chair	Thorrund Govind, EPB Chair
15.35 pm Close of open business and a 5 minute comfort break – RPS member observers to leave the meeting						
Scottish Agenda Open agenda commences at 13.30pm						
Open Business (RPS Members are invited to join this session)						
1. (13.30)	Welcome and apologies	For noting	Verbal	To welcome members and observers to the meeting	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair

2.	Declarations of Interest	For noting	23.01/SPB/02	To note the declarations of interest	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair
3. (13.45)	Minutes and matters arising	For approval	23.01/SPB/03	To approve minutes from the open business of SPB meeting on 29 September 2022 and to discuss the matters arising from these minutes	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair
4. 13.45-14:00	Planning for events – Fellows’ event, May ‘best practice’ event	For discussion	Verbal	To update on plans for this year's events	Laura Wilson, Director for Scotland	Andrew Carruthers, SPB Chair
14.00 - 14.10 Comfort Break						
5. 14:10-14:30	Scottish workplan – specific asks or areas to work on	For discussion	Verbal	To discuss any specific areas of focus from a Scotland perspective	Laura Wilson, Director for Scotland	Andrew Carruthers, SPB Chair
6. 14.30-14.45	RPS expert representatives – plan for the future	For discussion and input	23.02/SPB/06	To discuss proposals for RPS expert representatives	Laura Wilson, Director for Scotland	Andrew Carruthers, SPB Chair
7. 14.45-15:10	Any other Business	For noting/discussion	Verbal	<ol style="list-style-type: none"> 1. Media training 2. MSP Survey results/political engagement 	Laura Wilson, Director for Scotland Ross Barrow, Head of	Andrew Carruthers, SPB Chair

					External relations	
Welsh Agenda Open – RPS Members are invited to attend this session						
12.50	Welcome and apologies	For noting	Verbal	To welcome members and observers to the meeting	Cheryl Way Chair WPB	Cheryl Way Chair WPB
1.12.50	Declarations of Interest	For noting	23.02/WPB/01	To note the declarations of interest	Cheryl Way Chair WPB	Cheryl Way Chair WPB
2. 12.55	Minutes and matters arising	For approval	23.02/WPB/02	To approve minutes from the open business of EPB meeting on 29 September 2022 and to discuss the matters arising from these minutes	Cheryl Way Chair WPB	Cheryl Way Chair WPB
3. 13.00	Welsh Pharmacy Board Elections 2023	For noting	23.02/WPB/03	To note the upcoming Welsh Pharmacy Board elections 2023	Elen Jones Director for Wales	Cheryl Way Chair WPB
4. 13.05	RPS Business Plan 2023 – Welsh Discussion	For discussion		WPB to discuss the detail of the plans from a Wales perspective	Elen Jones Director for Wales	Cheryl Way Chair WPB
5. 13.40	EDI workshop			WPB to participate in an EDI workshop	Amandeep Doll Head of Belonging	Cheryl Way Chair WPB

6. 15.00 - 16.30	Hospital Review	Focus group session		WPB to participate in a workshop on the clinical review of hospital services in Wales <i>(Comfort and coffee break time tba)</i>	Elen Jones Director Wales/Alwyn Fortune Policy and Engagement Lead Wales	Cheryl Way Chair WPB
---------------------	-----------------	---------------------	--	---	--	-------------------------

16.30pm Close of Welsh Open Business

English Pharmacy Board meeting 8 February 2023

Declaration of Interests

Adebayo Adegbite

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife - Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity
- NPUK member
- FIP member

Claire Anderson

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association

Martin Astbury

- Morrison's Pharmacy pharmacist (employee)
- Member of the RPS Pharmaceutical Publications (PhP) board

Emma Boxer

- Employed full time as senior lecturer in clinical pharmacy practice at the university of Sunderland
- Rheumatology pharmacist, Sunderland Royal hospital (one day per week - not paid by the hospital for this - on an honorary contract)

Sharon "Sibby" Buckle

- Advanced Pharmacist Practitioner, Boots UK
- Boots Pharmacists Association, Executive Board member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Nottinghamshire ICS partnership forum member

OPEN and CONFIDENTIAL BUSINESS

- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
-
- Both daughters, Junior Doctors
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

Ciara Marie Duffy

- Quality Manager/Qualified Person at Novartis
- Sister – Regional Lead Pharmacist Interface Clinical Services
- Sister – Pharmacist Boots Ireland
- Brother-in-Law – Pharmacist HSE Ireland

Mary Evans

- No interests to declare

Thorrhun Govind

- Healthcare Advisory Solicitor- Hempsons
- Locum Pharmacist-various pharmacies
- Pharmthorrhun Ltd
- Pharmacist – Boots
- ProperG Ltd
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media articles in the press
- Consultancy work with companies eg Haleon
- Commonwealth Pharmacy Association- Representative for RPharms
- Member of the Law Society

Brendon Jiang

- Senior Clinical Pharmacist, NORA PCN
- Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS
- Medicines and Prescribing Associate, NICE
- Committee member of the Primary Care Pharmacy Association
- Member of the Guild of Healthcare Pharmacists
- Superintendent pharmacist of Wychwood Pharmacy.
- Consultancy on pharmacy development– Oxfordshire Training Hub.
- Member Unite Union

OPEN and CONFIDENTIAL BUSINESS

Alisdair Jones

- Channel Health Alliance (Employer),
- member of national executive as Treasurer to the PDA Union.
- PDA Union (Honoraria)

Michael Maguire

- Local Professional Network Chair, North Cumbria and the North East, NHS E/I
- Chair, National Forum of Local Professional Network Chairs, NHS E/I
- UK Head of Practitioners, Lifestyle Architecture
- Director, The Practical Leadership Training Company Ltd
- Director, CPCS Support Ltd
- Chairs various healthcare meetings (sometimes remunerated by Pharma companies)"
- various ad-hoc consultancy'

Ewan Maule

- Member of the Guild of Healthcare Pharmacists
- North East and North Cumbria NHS Integrated Care Board

Erutase Oputu

- Barts Health NHS Trust
- Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of the Guild of Healthcare Pharmacists
- Pharmacy Research UK Trustee
- Knockholt Mansions Residents' Trustee
- Member of Inclusive Pharmacy Practice Advisory Board, NHS England
- Brother works at Astra Zeneca PLC

Paul Summerfield

- Self Employed Locum Pharmacist, Sole Trader
- Visiting Lecturer, Self Employed, University of Reading
- Director, Pharmaceutical Defence Ltd, sole share holder
- Partner, Schedule Four Consultancy LLP
- Paid Member, The Pharmacist Cooperative
- Member, Industry Advisory Panel, The Pharmacy Innovation Lab

Scottish Pharmacy Board

Updated February 2023

Declaration of Interests

W Iain Bishop

- Member, RPS Scottish Pharmacy Board
- Scottish Public Pensions Agency – NHS Pension
- Fellow, UK Faculty of Clinical Informatics
- Clinical Safety Officer, NHS National Services Scotland (NSS)
- Consultant Clinical Informatician - NHS National Services Scotland
- Managing Director: 2Bishops Consulting Ltd

Tamara Cairney

- Pharmacist in NHS Greater Glasgow and Clyde, Renfrewshire Health and Social Care Partnership
- Husband is a civil servant working for the Scottish Government
- Member, RPS Scottish Pharmacy Board
- Sister is a staff nurse in NHS Greater Glasgow and Clyde, Royal Hospital for Children, Glasgow

Andrew Carruthers

- Senior Pharmacist – Scottish Ambulance Service
- Member, RPS Scottish Pharmacy Board
- Chair, RPS Scottish Pharmacy Board (2021-)
- Self-employed, community locum pharmacist
- Chair, RPS Community Pharmacy Consultation Service

Omolola (Lola) Dabiri

- UKBPA Lead for Scotland & Northern Ireland - 2019 till date
- RPS Grampian Local Coordinator – 2018
- Co trainer NHS24 - IP training Boot camp, NES- 2018
- Toast Master International - VP Education 2016-2017
- Member, British Lifestyle Medicine Association - 2019 - till date
- Speaker, Encapsulate Solution – delivering Health Information to the community
- Speaker, various forums –including C&D, GPHC, RPS re Equality, Inclusion & Diversity
- Superintendent Pharmacist & Director, Alpha Pharmacy & Clinic (A private pharmacy)

- Lead Pharmacist, GMEDs
- Locum Pharmacist

Lucy Dixon

- Member, RPS Scottish Pharmacy Board
- Pharmacist employee, NHS Highland
- Co-contractor (with husband), Dornoch Pharmacy Ltd
- Co-contractor (with husband), Mitchells Chemist Ltd
- Share-holder, Dornoch Pharmacy Ltd
- Share-holder, Mitchells Chemist Ltd
- Secondment to Effective Prescribing and Therapeutics Division of Scottish Government

Kelsey Drummond

- Honorary Life Member, British Pharmaceutical Students' Association (BPSA)
- Member, RPS Scottish Pharmacy Board
- Member, NES Learner Reference Group
- Bryony Drummond (sister), Senior Practice Pharmacist, NHS Fife
- Rotational Pharmacist, NHS Fife

Josh Miller

- Pharmacist, NHS Greater Glasgow & Clyde and NHS NES
- Member, NHS GGC Area Pharmaceutical Committee
- Member, NHS GGC Pharmacy Contractors' Committee
- Member, RPS Scottish Pharmacy Board

Richard Shearer

- Lead Pharmacist, Advanced Clinical Services, NHS Lanarkshire
- Professional Secretary and member, SP3A Practice Pharmacy Sub-group
- Member, NHS Lanarkshire Area Pharmaceutical Committee
- Member, RPS Scottish Pharmacy Board

Jill Swan

- Member, RPS Scottish Pharmacy Board
- Member, Faculty of the Royal Pharmaceutical Society (Advanced Stage II)
- Member, RPS Pharmacogenomics Project Stakeholder Group
- Member, UK Pharmacogenetics and Stratified Medicine Network
- Member, UKCPA
- Professional Secretary to Directors of Pharmacy (Strategic Framework Development)
- Director, The Brush Bus Ltd

Catriona Sinclair

- Member, RPS Scottish Pharmacy Board
- Member, Community Pharmacy Scotland Board (since May 2013)
- Vice Chair, NHS Highland Area Clinical Forum (since 2018)
- Chair, NHS Highland Area Pharmaceutical Committee (since 2015)
- Chair, Community Pharmacy Highland (since 2012)

- Lead negotiator, committee local pharmaceutical services with NHS Highland
- Royal Pharmaceutical Society, LPF lead for Highlands and Western Isles (2010-2014)

Jacqueline Sneddon

- Member, RPS Scottish Pharmacy Board
- Programmes Manager, British Society for Antimicrobial Chemotherapy
- RPS - Chair of Antimicrobial Expert Advisory Group (AmEAG) and member of Science and Research Committee (formerly Science and Research Board)
- 2018 to 2021, member of RPS AmEAG 2016-2018
- UKCPA - Chair of UKCPA Pharmacy Infection Network 2015-2018, committee member of UKCPA Pharmacy Infection Network (Standards lead) 2013-2015.
- Lead Partner –Commonwealth Pharmacists Association Antimicrobial Stewardship Programme project with two hospitals in Ghana 2019 to date
- Expert adviser for research projects on antimicrobial use with several universities (Strathclyde, Dundee, GCU, Manchester, York)

Audrey Thompson

- Member, RPS Scottish Pharmacy Board
- Member NHSGGC Area Pharmaceutical Committee 2015-2021; chair 2015-2019, vice chair 2019-2021
- Member NHSGGC Area Clinical Forum Committee 2015-2021; chair 2017-2021
- Member NHSGGC Area Drugs and Therapeutics Committee 2004 - present; Chair Communications subcommittee 2004 – 2016
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadership group 2015 - present
- Manager Glasgow 2014 Commonwealth Games Athlete Village Pharmacy

Updated: 8 February 2023

February 2023

Welsh Pharmacy Board - Declarations of Interest

Cheryl Way

- Hayes Point RTM Company Ltd
- Guild of Healthcare Pharmacists
- International Pharmaceutical Federation
- UK Faculty of Clinical Informatics
- . Chair of Welsh Pharmacy Board

Richard Evans

- Self Employed Pharmacist
- Director of Llandysul and Pont Tyweli Ymlaen Cyf
- Member of Pharmacist Defence Association (PDA)
- Occasional Media work
- Member of PDA Union
- Member of PDA Union Executive Group

Dylan Jones

- Director of Howe Pharmacy
- Pharmacy Manager DL and CV Jones (Agricultural business).
- Vice Chair of Governors Ysgol Trebomen.
- Governor at Ysgol Calon Cymru
- Independent CPW representative for Powys AWPAG.
- Deputy Member AWMSG.
- Member of Wales Board RPS.

Eleri Schiavone

- Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB
 - Executive Board Member: Pharmacy Delivering a Healthier Wales
 - Board Member: All Wales Medicines Strategy Group
 - Member of All Wales Medicines Strategy Group Steering Committee
 - Member of the Welsh Pharmacy Board

Geraldine McCaffrey

- Principal Pharmacist Betsi Cadwaladr University Health Board
- Member Pharmacy Delivering a Healthier Wales
- Member - UKCPA.
Member, National Pharmacogenomics Group Wales
- Member – Unite the Union/Guild of Healthcare
•Pharmacists.
- Vice Chair – Pharmacy Research Wales
. Vice Chair – Welsh Pharmacy Board

Helen Davies

- Pharmacist Team Leader for Education, Training and Workforce Development in Primary Care. Cwm Taf Morgannwg University Health Board from March 2018.
- From March 2018 to February 2021 - HEIW teaching sessions (cardiology)
- Sessions from 2011 onwards
- Member of UKCPA
- Member of PCPA
- Cwm Taf Morgannwg UHB representative for AWPAG

Gareth Hughes

- Deputy Superintendent & Wales Clinical Lead at Avicenna Retail Ltd
- Board Member of Community Pharmacy Wales
- Member of the Royal Pharmaceutical Society
- Member of the Faculty of Clinical Informatics
- Primary Care Cluster Community Pharmacy Lead for Rhondda
- Member of Choose Pharmacy Clinical Reference Group
- Member of Digital Medicines Management Group

- Member of Community Pharmacy Microsoft Office 365 Project Board
- Member of ePrescribing Expert Panel
- Member of Antimicrobial Stewardship Primary Care Work Stream (Cwm Taf Morgannwg UHB) Member of Medicines Support at Home (MS@H) Review Panel
- (Cwm Taf Morgannwg UHB) Member of Help Me Quit Task and Finish Group

Rhian Lloyd – Evans

- . Medication Safety Officer – Aneurin Bevan University Health Board
- . Members of All Wales Medication Safety Network
- . United Kingdom Clinical Pharmacy Association (UKCPA)

Lowri Puw

Fferyllwyr Llyn Cyf.

Liz Hallett

- . PDA Union Member
- . PDA Member

Rafia Jamil

Prince Charles Hospital (CTM): lead Pharmacist Education and Training

Panel Member - Supported Lodging for Young people (Powys County Council)

Locum Pharmacist

National Pharmacy Board meeting – 8 February 2023

Title of item	Powers, Duties and Functions of the National Pharmacy Boards
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager, England 0207 572 2208 Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Chairs
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Powers, Duties and Functions of the National Pharmacy Boards as taken from the RPS Regulations

Please note below the Powers, functions and duties of the Boards as taken from the RPS Regulations.

7.2 Powers and functions of the Boards

Subject to the Charter, any directions of the Assembly, and the provisions of any enactment, the Boards shall, within the relevant country, have the functions of:

- informing the Assembly on likely developments affecting pharmacy for the purpose of developing the Society's strategy
- providing strategic leadership, advocacy and support for pharmacy practice development
- leading the implementation of the Society's strategy by developing and implementing associated policies in the individual countries
- promoting the science and practice of pharmacy and its contribution to health
- providing professional advice to government and its agencies, NHS bodies, and other health and social care organisations
- guiding and supporting the Society's local organisations in the individual countries
- supporting pharmacists in their professional roles
- maintaining an overview of current and possible future developments impacting upon the science and practice of pharmacy in the individual countries
- setting policy and objectives for the individual countries within the overall strategy and ask the National Director to implement them
- agreeing policy positions, commissioning work as appropriate
- agreeing objectives for programmes of professional support of pharmacy to be delivered at a national level and at GB level on behalf of other National Boards
- overseeing the local engagement mechanisms within the relevant country
- may also itself establish limited lifetime working groups within existing budgets as required to deal with specific issues

Policy making at the national level is the responsibility of the individual National Pharmacy Boards who shall be accountable to the Assembly. No Board policy should be contrary to any overarching GB-wide policy. The Boards lead the agenda for the profession at a national level and are able to focus on the issues that matter to members in each of the countries. The Boards have responsibility for interpreting and developing policy and for overseeing the delivery of members services locally.

The Boards shall have no formal role in the operational matters of the Society, which are the remit of the Executive team.

The Boards shall be supported by the administrative services of the Society and shall have no power to incur expenditure, employ staff or enter into contracts.

7.4 National Pharmacy Board Members

7.4.1 Duties

Members elected to the National Pharmacy Boards are expected to provide advocacy, support and strategic leadership for pharmacy practice development, to promote the science and practice of pharmacy and its contribution to health and support pharmacists in their professional roles.

For the avoidance of any doubt, National Board members are not an employee or worker of the Society or any of its Group Companies or joint venture companies.

Duties include but are not limited to:

- representing the views of the Board to other bodies within the Society and in external forums
- attending regional meetings as and when required and be active in local and other professional networks
- marketing the Society to members and to potential new members
- participating in virtual communications
- providing professional advice to government and its agencies, NHS bodies and other health and social care organisations
- providing regular reports on meetings attended on behalf of the Board
- monitoring delivery of strategy
- acting as ambassadors and representatives of the profession
- providing a loud, motivating direction for the profession
- keeping cognisant of the financial aspects of the Board

NATIONAL PHARMACY BOARDS' MEETING

Minutes of the open business meeting held on **Thursday 29 September 2022**. The meetings were held by Zoom and in person as follows

English Pharmacy Board in the Events Space at the RPS, 66 East Smithfield, London E1W 1AW

Scottish Pharmacy Board in Flockhart, 44 Melville Street, Edinburgh, EH3 7HF and on Zoom

Welsh Pharmacy Board in 2 Ash Tree Court, Woodsy Close, Cardiff, CF23 8RW and on Zoom

Present:

English Pharmacy Board (EPB)

Thorrhun Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Adebayo Adegbite (AA), Claire Anderson (CA), Emma Boxer (EM), Sharon (Sibby) Buckle (SB), Ciara Duffy (CD), Mary Evans (ME), Brendon Jiang (BJ), Michael Maguire (MM), Ewan Maule (EM), Erutase (Tase) Oputu (EO) and Paul Summerfield (PS) (joined by Zoom).

Scottish Pharmacy Board (SPB)

Andrew Carruthers (AC) Chair, Catriona Sinclair (CS) Vice Chair, Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), Kelsey Drummond (KS), Josh Miller (JM), Jill Swan (JS) and Audrey Thompson (AT).

Welsh Pharmacy Board (WPB)

Cheryl Way (CW) Chair, Geraldine Mccaffrey (GM) Vice Chair, Helen Davies (HD), Richard Evans (RE), Gareth Hughes (GH), Liz Hallett (LH), Rhian Lloyd-Evans (RE), Lowri Puw (LP), and Eleri Schiavone (ES)

Invited Guests

Priyanka Patel – President, BPSA

Sunayana Shah – Chair of the Industrial Pharmacists' Group

5 RPS Member observers

RPS Staff

Paul Bennett (PB) Chief Executive, Jenny Allen (JA) CPhO Clinical Fellow England, Ross Barrow (RB) Head of External Affairs, Scotland, Rachael Black (RB) Pharmacy Engagement Manager, Corrine Burns (CB) PJ Correspondent, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging, Iwan Hughes (IH) Public Affairs and Policy Executive, Wales. Elen Jones (EJ) Director for Wales, Alwyn Fortune (AF) Policy and Engagement Lead, Wales, Ross Gregory (RG) Head of External Affairs, Wales, John Lunny (JL) Public Affairs Lead, England, Clare Morrison (CM) Director for Scotland, Carolyn Rattray (CR) Business Manager, Scotland, Ravi Sharma (RS) Director for England, Wing Tang (WT) Head of Support, Cath Ward (CW) Business Manager, Wales and Laura Wilson (LW) Practice and Policy Lead, Scotland.

Apologies

Iain Bishop (IB) (SPB)
 Alisdair Jones (AJ) (EPB)
 Dylan Jones (DJ) (WPB)
 Richard Shearer (RS) (SPB)
 Jacqueline Sneddon (JS) (SPB)
 Elly Thomas (ET) (WPB)

22/09/01.	<p>Welcome and address from the CEO/President Chair: Andrew Carruthers (AC) Chair, Scottish Pharmacy Board (SPB), Led by: AC, Chair SPB.</p> <p>AC welcomed Board members (BMs), invited guests, observers and staff and outlined the structure for the day's meetings.</p>	
22/09/02.	<p>Apologies</p> <ul style="list-style-type: none"> • Iain Bishop (IB) (SPB) • Alisdair Jones (AJ) (EPB) • Dylan Jones (DJ) (WPB) • Richard Shearer (RS) (SPB) • Jacqueline Sneddon (JS) (SPB) • Elly Thomas (ET) (WPB) 	

<p>22/09/03(a)</p>	<p>Declarations (decs) of interest. (Papers 22.09/EPB/03a, 22.09/SPB/03a & 22.09/WPB/03a). Chair: SPB Led by: Chair, SPB</p> <ul style="list-style-type: none"> • Brendon Jiang (BJ) – Superintendent Pharmacist role, Wychwood Pharmacy – YD to add to EPB decs of interest. • Sibby Buckle (SB) - remove “The Menopause Group” pharmacist consultant • Lowri Puw (LP) - Decs of interest to be added to Welsh Pharmacy Board (WPB) decs of interest. CW to add to WPB decs of interest. <p>Action: YD to add to BJ’s decs of interest (EPB), his role as a Superintendent Pharmacist role at Wychwood Pharmacy and Sibby Buckle’s. Action: CW to add LP’s decs of interest to WPB list.</p>	<p>YD CW</p>
<p>22/09/03(b).</p>	<p>Powers, Duties and Functions of the National Pharmacy Boards (Paper: 22.09/NPB/03b) Chair: SPB Led by: Chair, SPB</p> <p>The National Pharmacy Boards</p> <p>noted</p> <p>the Powers, Duties and Functions of the National Pharmacy Boards (Paper: 22.09/NPB/03b).</p>	
<p>22/09/04.</p>	<p>Minutes of the NPB Open Business meeting held on 28 June 2022 and matters arising (Paper: 22.09/NPB/04) Chair: SPB Led by: Chair, SPB</p> <p>The English, Scottish and Welsh Pharmacy Boards</p> <p>accepted as a true and accurate record</p> <p>the minutes of the formal National Pharmacy Board meeting held on 28 June 2022. approved by Catriona Sinclair (CS), SPB and seconded by Cheryl Way (CW), WPB</p>	

	There were no matters arising from these minutes.	
22/09/05.	<p>Professional Leadership (Paper: 22.09/NPB/05) Chair: SPB Led by: Paul Bennett (PB) Chief Executive</p> <p><u>Independent review of participation and communications.</u> PB provided an introduction and a brief update on progress to date. The review was initiated at the request of the RPS President and is being conducted by an external consultancy, Luther Pendragon. Good progress has been made and a draft report has been produced based on member engagement (focus groups, etc) and desk research. Luther Pendragon will present their findings and recommendations to a 'special' open RPS Assembly meeting on 7 October at 1pm. The findings and recommendations will then be published on rpharms.com website and circulated to wider stakeholders. Assembly members will consider how best to respond to the recommendations in the report. This meeting will be open to observers.</p> <p>It was noted that it may not be possible for people to attend the Assembly meeting on 7 October as it is scheduled to start at 1 pm. It was agreed that the meeting should be recorded.</p> <p><u>UK Commission on Pharmacy Professional Leadership.</u> PB introduced this item. The Commission was initiated by the four UK Chief Pharmaceutical Officers (CPhO). The Commission is chaired by Dame Professor Jane Dacre and Nigel Clarke, immediate Past Chair of the GPhC and sponsored by the CPhOs. A number of working groups have been established, with representation from each country, to support the work. It has very tight deadlines and the call for evidence closed on 28 September. All registrants were invited to participate in a survey on an individual basis. The RPS has provided a strong response to the survey and has also presented a submission which is bold and has clear ambition and is reflective of the RPS strategy. The submission will be released publicly. It is our understanding that the survey responses will be analysed over the next 4 – 6 weeks, from which a series of outputs will be presented to the Commissions Working Groups. Their outputs will be considered and recommendations made by the Commission to the four CPhOs. It is envisaged that a report will be published in January 2023. It was noted that the RPS</p>	

	<p>President is a member of the Commission as an individual rather than as a representative of the RPS.</p> <p>The RPS President (CA) noted that the Commission has met once since the June 2022 NPB meeting. Three quite different organisations were invited to present at the meeting: The Royal Society of Chemistry, Royal College of Anaesthetists and the new General Dental Association.</p> <p>A number of working groups have been established with CA sitting on one which focusses on regulatory matters; Elen Jones (EJ), Director for Wales and Joseph Oakley (JO), Head of Assessment & Credentialling, are also included on the working groups.</p> <p>The next Commission meeting is scheduled for December 2022.</p> <p>It is unlikely that either the results of the survey or the recommendations will be shared in advance of publication.</p> <p>PB confirmed that the RPS is positioned positively in advance of the recommendations being published. An internal working group has been pulling together insights and creating narratives with strong input from elected members and there is optimism that the views of the RPS will resonate with the Commission.</p>	
22/09/06.	<p>AGM motions (Paper: 22.09/NPB/06) Chair: SPB Led by: Chair. Motions for Board consideration at September 2022 meeting The following motions were discussed (original numbering has been kept). For the full detail of all motions refer to paper 22.09/NPB/06.</p> <p>9 (a) RPS Locals Alwyn Fortune (AF) provided background. 11 out of 14 Ambassadors have now been recruited. Of the remaining 3 positions, 2 are in Scotland and 1 in Wales. There was a comment regarding process; originally the NPBs had agreed to the process, and it was being progressed at the time the AGM motion was submitted. It was suggested that being brought back to the</p>	

	<p>NPBs provided an opportunity to reflect. Rachael Black (RB) confirmed that the Ambassador contracts were for an initial period of 12 months, after which they would be reviewed.</p> <p>The National Pharmacy Boards</p> <p>agreed</p> <p>that there should be no change in approach, that the current RPS regions model should continue and that the title of Ambassador should remain.</p> <p>Board members (BMs) were asked for their support in recruiting the three outstanding Ambassadors.</p> <p>9 (c) Pharmacy Workforce This motion called for actions by GPhC and is out with RPS's remit. The motion will therefore be referred to GPhC for its consideration.</p> <p>There were no objections.</p> <p>The National Pharmacy Boards</p> <p>agreed</p> <p>that RPS staff should refer the motion for action to the GPhC.</p> <p>9 (d) Pharmaceutical Wholesalers It was agreed that this matter is not within the remit of RPS and so RPS should not form a policy position. It was, however, recognised that the actions of pharmaceutical wholesalers could impact on patient care and so there was sympathy 'for the struggle'.</p> <p>The National Pharmacy Boards</p> <p>agreed</p>	
--	---	--

that, as this matter does not fall within the remit of RPS, therefore it is not necessary to form an RPS policy position.

9 (f) Pharmacist Apprenticeships

Although RPS has not been involved in any work in the area of pharmacist apprenticeships in the last year, it was agreed that it is 'imperative' that RPS is involved in discussions, develops a 'stance' and has a voice.

The National Pharmacy Boards

agreed

that RPS should be involved in discussions about pharmacist apprenticeships and that RPS staff should find out information about any meetings that have taken place around this subject and should be involved going forward.

9 (g) Primary Care Pharmacist

There was a discussion about the role of the Expert Advisory Groups (EAGs) and the NPBs; EAGs were formed to advise and inform the NPBs and Directorates. It is for the NPBs to create policy. The EAGs have no governance role. It was agreed that it is not within the remit of the EAGs to issue any statement on behalf of RPS. The EAGs, in their current form, have been established for approximately 12 months and it was suggested that a review of how well the various EAGs are working would be beneficial.

The National Pharmacy Boards

agreed

That it is not in the remit of the Expert Advisory Groups to issue statements on behalf of RPS but that EAG members can represent RPS but that representation needs to align to RPS guidelines on spokespersons.

	<p>And</p> <p>It is not the remit of the expert advisory group to create policy, this lies with the National Pharmacy Boards, and this will remain, the boards can and do ask for advice from EAGs to inform positions as appropriate.</p> <p>9 (h) Emergency Supplies Support</p> <p>TG referred board members to the minutes (item 5) of the Assembly on 20 July 2022. She emphasised that pharmacists have a duty to explain to patients when an emergency supply cannot be made and give them more information.</p> <p>The National Pharmacy Boards</p> <p>agreed</p> <p>that no action is required as there are a substantial number of resources currently available.</p> <p>Board members were advised that the process around AGM motions is being reviewed.</p>	
22/09/07.	<p>Workforce (Papers: 22.09/NPB/07(i) & (ii)) Chair: SPB Led by: Ravi Sharma (RS), Director for England</p> <p>(i) <u>Pharmacy pressures</u> RS introduced this item referring Board members to the RPS Workforce statement published on 6 September 2022. A workforce wellbeing survey is currently open and to date 1000 responses have been received, the survey closes mid-October. The survey results will be reported on later in the year and the themes discussed at the proposed roundtable.</p> <p>(ii) <u>PGDs for pharmacy technicians</u></p>	

	<p>RS referred Board members to papers 22.09.NPB (I) and (ii) and asked the boards to discuss this in their breakout rooms and report the outcome of the discussions in the later plenary session. It is important to have an agreed RPS policy position on PGDs for pharmacy technicians.</p>	
22/09/08.	<p>Workforce (discussion of item 7) Chair: Country Board Chairs Led by: Country Board Chairs</p> <p><u>England discussion</u> The EPB discussed the 5 key actions from the RPS Workforce statement that was published on 6 September 2022. The EPB were broadly in agreement with the 5 key actions and some of the points made are:-</p> <ul style="list-style-type: none"> • We need to work with partners on this plan – pharmacy cannot work in isolation – need a workforce strategy for whole workforce not just pharmacy – need to engage with ICBs, LAs and commissioners generally • A set of principles will be useful • Be clear on the purpose – is this an emergency measure or fundamental change? • Rest breaks are in legislation – there were differing views on closing pharmacies for half hour breaks – but most agree that a mental break is needed during the day – explore this in more detail with the Board – this links in with changes to supervision • Develop quality systems for capacity planning <p><u>Roundtable proposal</u> The EPB unanimously agreed to host a roundtable and that initially there should be a GB roundtable and thereafter, if necessary, country specific roundtables. The public affairs team will pull together a stakeholder list for the roundtables.</p> <p><u>RPS Pharmacy Technicians and PGD position statement (paper 22.09.07 (i) & (ii))</u></p> <p>The EPB has debated this issue for some time and had further debate today with varying views around the table. The Chair called for a vote for those in favour of the position statement:-</p>	

In favour: Brendon Jiang, Claire Anderson, Tase Oputu, Emma Boxer, Ciara Duffy, Mary Evans, Michael Maguire, Sibby Buckle, Thorrun Govind

Against: Martin Astbury, Paul Summerfield, Adebayo Adegbite

It is therefore to be noted that the **EPB are in favour** of the RPS Pharmacy Technicians and PGD statement.

MA asked for it to be noted that he reserved the right to speak against this decision in public.

Scottish Discussion

SPB considered the 5 key actions from the recently published RPS pharmacy pressures statement.

The SPB was supportive of the 5 key actions. Some of the points made were:

- Wait for the results of the wellbeing survey and base activity on results.
- Advocate for workforce planning strategies that reflect the requirements of each country, that align with the RPS organisational strategy and which can make use of GB resources.
- Scottish members need to know that RPS is advocating on their behalf.
- There should be clarity around breaks and protected learning time.
- Messages are clear and positive, showing that pharmacists are working to the top of their licence. Pharmacy technicians should also be provided with the enablers to allow them to work to the top of their licence; this would free up pharmacists to be able to work in the way that is envisaged. Technology could help with this.
- Work with other health professions to make sure that the different roles within the pharmacy team are understood
- Share the RPS Scotland Best Practice Hub; 1-page summaries to help convey messages to non-pharmacists

The SPB **supported** the statement: *Putting the patient first: how pharmacy can get it right.*

	<p>The SPB supported the proposal to hold a round table, country specific in the first instance and then GB if required. The SPB considered who/which organisations should be invited to the meeting. There was caution against making the round table too big.</p> <p>The SPB supported the action to advocate for proper workforce planning for pharmacy in each country. Workforce planning should reflect the requirements of each country whilst aligning with RPS GB strategy.</p> <p>The SPB supported the call for zero tolerance of abuse across pharmacy.</p> <p>The SPB supported the need to inform the public, politicians, policy makers and other professions about pharmacy pressures by:</p> <ul style="list-style-type: none"> • Hosting a round table • Using slot at SNP Conference – Board members to provide bullet points re: workforce pressures for CM to include in meeting with Cabinet Secretary for Health & Wellbeing. <p>Action: SPB members to provide bullet points re: workforce pressures for CM to take to the SNP Conference.</p> <p><u>RPS Pharmacy Technicians and Patient Group Direction (PGD) position statement (paper 22.09.07 (i) & (ii))</u></p> <p>A discussion was held, and the Scottish Pharmacy Board was unanimously in favour of the RPS Pharmacy Technicians and PGD statement, agreeing that fully trained pharmacy technicians should be able to supply and administer medicines under a PGD.</p> <p><u>Welsh Discussion</u></p> <p>WPB discussed the 5 key actions from the RPS Workforce The decisions and points made are: Advocate for proper workforce planning for pharmacy in each country WPB Unanimously supports</p>	SPB/CM
--	---	---------------

	<p>Advocate for temporary prioritisation plans to ease pressures on pharmacy and ensure essential pharmacy services are provided for patients</p> <ul style="list-style-type: none">• This can be sometimes used as an excuse to ignore longer term strategy concerns also raised that this maybe short sighted• Would benefit from making the focus about activities that add value for patient care <p>WPB voted unanimously that the statement needs rethinking to make it more specific change the word prioritisation to added value to patient care activities that add value for patient care</p> <p>Strongly condemn abuse in pharmacy</p> <ul style="list-style-type: none">• Plenty of work ongoing, media and campaigning through politicians <p>WPB unanimously in favour</p> <p>Inform the public, politicians, policy makers and other professions about pharmacy pressures</p> <ul style="list-style-type: none">• Drop-in sessions planned in Wales <p>WPB unanimously in favour</p> <p>Invite pharmacy employers and pharmacy trade unions to a round table discussion</p> <ul style="list-style-type: none">• HEIW have been in contact about a potential symposium• WPB wants RPS to be an organisation that reaches out to other bodies to ensure those discussions are prioritised• WPB are open to a roundtable on a GB level but also think there is value to Country specific discussions in collaboration with HEIW• RPS should ensure we avoid any duplication and discuss proposal with CPhO and HEIW. Our angle should be to tag this onto the work force survey <p>WPB agreed that this should be taken to the Welsh Pharmacy Partnership (WPP) group for discussion</p> <p><u>Roundtable</u></p>	
--	--	--

	<p>WPB were in favour of a roundtable discussion at GB level and to have further discussions with HEIW regarding the Wales Symposium.</p> <p><u>RPS Pharmacy Technicians and PGD position statement (paper 22.09.07 (i) & (ii))</u></p> <p>A discussion was held, and Welsh Pharmacy Board were unanimously in favour of this RPS Pharmacy Technicians and PGD statement and felt that it was an important step to help advance the vision for pharmacy in Wales.</p>	
22/09/09.	<p>Workforce (feedback on item 8) Chair: Country Board Chairs Led by: Country Board Chairs</p> <p><u>England feedback</u> It is to be noted that the EPB are in favour of the RPS Pharmacy Technicians and PGD statement. Pharmacists should have a mental wellness break during the day – explore this in more detail</p> <p><u>Scotland Feedback</u> It is to be noted that the SPB are in favour of this RPS Pharmacy Technicians and PGD statement</p> <p><u>Wales Feedback</u> It is to be noted that the WPB are in favour of this RPS Pharmacy Technicians and PGD statement</p> <p>Action: Country Teams to discuss the way forward for the roundtables bearing in mind the suggestions from all 3 boards. Action: Country Teams to discuss mental wellness breaks for pharmacists.</p>	
22/09/10.	Health inequalities (introduction) (Paper: 22.09/NPB/10)	

	<p>Chair: SPB Chair Led by Clare Morrison (CM), Director for Scotland and Laura Wilson (LW), Scottish Practice and Policy Lead</p> <p>CM led on this item and commenced the session with a short presentation on Health Inequalities.</p> <p>RPS is aiming to produce a clear and ambitious policy on pharmacy's role in addressing complex and varied causes of health inequalities</p>	
22/09/11.	<p>Health inequalities (discussion) Chair: Country Board Chairs Led by: Country Board Chairs</p> <p><u>England Discussion</u></p> <p>Some of the points made by the board during their discussion are:-</p> <ul style="list-style-type: none"> • This is a large piece of work - it includes everything we do – could Health Inequalities be integrated into the Vision? • Having a RPS policy on health inequalities is not the right approach – what and who will it influence – more beneficial to identify joint stakeholders and co-produce • RPS are members of the NHSE Inclusive Pharmacy Practice meetings – and work with them on health inequalities • RCGP have developed a hub page on health inequalities • A hub page should be developed by the RPS rather than a policy as the topic is so wide much of which is covered by the work of the Vision for Pharmacy Practice in England. <p>Action: Discuss with Team the possibility of developing a hub page on health inequalities and a podcast, pulling together the information that RPS already has on health inequalities into one place and signposting too.</p> <p><u>Scotland Discussion</u> Some of the points made during the SPB discussion:</p>	

	<ul style="list-style-type: none">• Use the RPS Conference to ascertain the views of members and get them to feed into the development of the policy• Topics to consider:<ul style="list-style-type: none">o How health inequalities contribute to health outcomes.o Language – accessibility to services.o Cultural barriers – technical infrastructure not in place to embrace multicultures such as different languages. This was currently a particular issue with supporting Ukrainian refugees. There is no ‘Once for Scotland’ approach for tools in different languages.o Location and provision of community pharmacy services, pharmaceutical care planning aspect.o Rural deprivation has very different complexities to urban deprivation.o Self-care, e.g. obesity. There is evidence that those who are more deprived will suffer pre-diabetes and diabetes. Self-care, early intervention and supported living will be vital. Could be all settings and multidisciplinaryo Better pharmacy provision in areas of greater need – celebrate this!o Drug harm reduction (DHR) (signpost/reference to RPS DHR policy); for specific inequalities mention when a patient will suffer more because of their addictiono Supporting a healthy lifestyle - how can this be achieved by pharmacy without putting pressure on core services? Services that are already core targeting health inequalities, need to be developed by those who will use the service to prevent it being a tick box exerciseo Stronger advocacy for enabling pharmacists to make direct referrals, especially to other allied health professionals; a single shared record could support this. Lack of access to a single shared record makes health inequalities worse as those providing healthcare don’t know what else has been doneo Pharmacy teams - Training and education to understand the different causes and impacts of health inequalities so that services can be provided in a way that reduces inequalitieso Add list of services (with context) to the policy• Consult with:	
--	---	--

- Lay person representation – patient and public involvement, e.g. Voluntary Health Scotland
- Religious leaders, specific needs for those groups or barriers they face
- Cultural refugee Councils
- LGBTQ input
- Could there be an RPS community link worker
- Alliance and HIS patient participation network

Wales Discussion

Some of the points raised by WPB during the discussion were: -

- Whilst fully supportive of the agenda, WPB board recognise that this is a big piece of work and threads through everything we do
- It is important to engage all sectors and other professions and organisations as this must be a collaborative approach
- RCGP in Wales are starting work on the deep end project, EJ will be attending their stakeholder meeting and will seek opportunities to collaborate highlighting services
- More can be done – and community needs, and public health levels will need to be tailored
- Welcome the approach of seeking views at conference, acknowledge we may need specific focus groups for Hospital and Primary Care or engage through the EAGs, all sectors can contribute to this agenda.
- Health committee have this on their agenda, so this is a good opportunity to get ahead
- There may be an opportunity to engage politicians in this work
- Inequalities are not just about the current population but the trends in population and ensuring the right resources in areas e.g language needs - with increase in Ukraine population and other minority groups as well as Welsh language being treated no less favourably than English, we need to ensure people understand how to take their medicines and avoid harm.
- Income – wealth huge determinant

	<ul style="list-style-type: none"> • Pharmacy can have a much broader perspective and could be the centre of a wellbeing hub • Certain levels of training for pharmacists • Working in partnership with partners campaigning in Wales – collaborating • Sustainability – plays a big part in this arena and increasing health issues due to climate change <p>WPB were fully supportive of the health inequalities agenda. The Pharmacy Delivering a Healthier Wales – Vision Goals 2025 will help support this agenda. The Wellbeing survey and resources already in place can also be linked.</p>	
22/09/12.	<p>Papers for noting (Papers: 22.09/NPB/12 (i) to (ix)) Chair: SPB Chair Led by: SPB Chair</p> <p>The following papers were noted by all board members</p> <p>Science & Research update Independent prescribing Education update Policy and consultations Public Affairs Sustainability Pharmacogenomics Inclusion & Diversity Workforce wellbeing</p>	
22.09.13	<p>Any other business</p> <p>There was no other business to discuss</p>	
22.09.14	<p>Dates of Next meetings</p>	

	The next National Board Chairs meeting will be held on 8 th February 2023	
	Other dates for 2023 are still to be confirmed	

The meeting closed at: 12.40pm

Action list:

Item No	Action	By Whom	By when/open/closed/comments
22.09.03A	Action: YD to add to BJ's decs of interest (EPB), his role as a Superintendent Pharmacist role at Wychwood Pharmacy and removal of the Menopause group for Sibby Buckle Action: CW to add LW's decs of interest to WPB list.	YD/CW/CDs	Open - October
22.09.08	Action: SPB members to provide bullet points re: workforce pressures for CM to take to the SNP Conference.	SPB/CM	Open – by October
22.09.09	Action: Country Teams to discuss the way forward for the roundtables bearing in mind the suggestions from all 3 boards	CDs	Open – by February
22.09.09	Action: Country Teams to discuss mental wellness breaks for pharmacists.	CDs	Open - February
22.09.11	Action: Discuss with Team the possibility of developing a hub page on health inequalities and a podcast, pulling together the information that RPS already has on	Country Teams and comms	Open - December

	health inequalities into one place and signposting too.		
--	---	--	--

UNAPPROVED

National Pharmacy Boards 8th February 2023

Title	Open/Confidential Business Classifications
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Alison Douglas Governance Manager Paul Bennett Chief Executive
Purpose of item (for noting/discussion/decision/approval)	For approval
Item Summary	To approve amendments to Standing Orders re classification of open/closed business items for meetings
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Actions/decisions required of the Boards	To approve

Open/Confidential Business

Background

At the Assembly meeting in November Assembly members approved changes to the classification of business for Assembly meetings and recommended that the changes also be adopted by the three National Boards.

Existing Standing Orders for National Pharmacy Board meetings already clearly state that *'in the interests of openness and transparency every effort should be made to include items in open business where possible'*, and that the Chief Executive/Director/Board Chair should adhere to the ethos that all items are placed into Open business by default and only moved into confidential business where absolutely necessary. The National Boards are therefore now asked to approve the following changes, detailed below.

a) Designation of Agenda Items

Regulations Appendix G – National Pharmacy Boards Standing Orders:

5.1 Confidential

Items may be considered as confidential when:

- They are position papers to be used in negotiations or in making submissions to outside bodies
- They are part of a continuing discussion and the outcome could be jeopardised by disclosure
- They are reports of Society activities upon which decisions will be made and all or part of the report content will not be released or published
- They contain information that has been sent to the Society in confidence
- They contain sensitive business/commercial information
- ~~The fact that a specific topic under consideration is, in itself, confidential~~
- The matter is confidential for some other identifiable reason. **The reason for the classification of the item should be included on the paper.**

5.2 Restricted

Under exceptional circumstances the Board Chair and/or Chief Executive may direct items to be classified as restricted when:

- They refer to individuals or organisations who could be prejudiced by their disclosure;
- Their disclosure to members other than members of the Assembly/Board only could be prejudicial to the commercial activities of the Society, or another organisation or an individual. **The reason for the classification of the item should be included on the paper.**

b) Publishing of confidential/restricted business agendas

At the November meeting Assembly members also agreed to publishing headline agenda items for confidential and restricted business at Assembly meetings unless

there was a particular reason of confidentiality that prevents this (a version of what this would have looked like in practise for the November Assembly meeting has been included at Appendix A to help inform consideration).

Publishing the headline items in this way would help increase the transparency of the Board meetings without the risk that any confidential details of the items themselves would be available to an inappropriately wider audience. Board members are therefore asked to approve the Assembly recommendation that this approach should be adopted for future meetings is approved.

Alison Douglas
Governance Manager
January 2023

Paul Bennett
Chief Executive

Confidential Business

13. **Minutes of the Confidential Business of the Assembly meeting 19th/20th July 2022**
14. **Matters arising from the Confidential Business minutes not specifically included in the agenda**
None
15. **Chairs' and Officers' Group**
To ratify any decisions taken by COG since the last Assembly meeting:
None
16. **CEO Update**
17. **Finance and Corporate Services**
 - a) **Business Information Pack**
To note latest BIP & year end forecast
 - b) **Remuneration Committee**
 - i) To note the draft minutes of the meeting held on 19th October
 - ii) To approve the 2023 pay award for staff
 - c) **Finance & Investment Committee**
 - i) To note the draft minutes of the meeting held on 20th October
 - ii) **FIC Terms of Reference**
To discuss proposed options and recommendation from the Committee
 - d) **Audit and Risk Committee**
To note the draft minutes of the meeting held on 14th October
 - e) **Risk Register**
 - (i) To note the latest Risk Register
 - (ii) To discuss specific risk(s) in more detail
 - f) **RPSGB Pensions Scheme**
 - (i) To consider proposal for annual discretionary increase
 - (ii) To approve continued contributions of the Society to the Pensions Fund
18. **2023 Budget**
 - (I) To ratify the proposed RPS business plans and budget for 2023
19. **Current Activity**
 - a) **PhP**
 - i) **PhP update**
To note the minutes of the PhP Board meetings held on 6th October
 - b) **Member Experience**
 - (i) To note the latest update from PMED
 - (ii) 2023 Membership Fees
To approve proposal for 2023 Membership fee increases
20. **Any Other Business – Confidential items**
21. **Close of meeting**

National Pharmacy Board meeting – 8 February 2023

Title of item	2023 Country Teams GB workplan
Author of paper	Elen Jones, James Davies, Laura Wilson
Position in organisation	Country Directors
Telephone	
E-mail	Elen.Jones@rpharms.com James.Davies@rpharms.com Laura.Wilson@rpharms.com
Item to be led at the meeting by	Elen Jones
Headline summary of paper	To approve the overarching GB workplan for 2023
Purpose of item (decision / discussion)	Decision
For consideration	<ol style="list-style-type: none"> 1. Are the key priorities you discussed as a board in the November country working sessions reflected? 2. Are boards content to sign-off the overarching plan (slide 2)
Risk implications	It's important that we take into consideration the issues that matter to our members and will impact on the pharmacy profession and patient care when considering our workplan and underpinning activity for the year.
Resource implications	Staff and board time

NB: Please note that country teams have taken care to consider all three separate country discussions in producing the 2023 work plan, there is some detail on the type of activity planned for the year on slides 3, 4 and 5. There will however be an

OPEN BUSINESS

afternoon session in each of the country specific agendas to work with your country team to further shape the activity in the projects for 2023.

**ROYAL
PHARMACEUTICAL
SOCIETY**

RPS Country Teams Work Plan 2023



Advancing Professional Practice



Future Country Visions



Pharmacist Independent prescribing



Pharmacogenomics



Environmental Sustainability



Health inequalities



Strengthening Pharmacy Governance

Professional Belonging



Workforce



Wellbeing



Inclusion & Diversity



Expert Advisory Groups

Professional Engagement



Stakeholder collaboration



Political engagement



Intra-professional working



Member Engagement

- Shape the future of pharmacy and medicines use
- Being essential to professional practice
- Being at the heart of pharmacy and pharmaceutical science

- Create a sense of belonging
- Being essential to professional practice
- Being at the heart of pharmacy and pharmaceutical science

- Shape the future of pharmacy and medicines use
- Working in collaboration and partnership
- Deliver valued products and services
- Create a sense of belonging



Advancing Professional Practice

Future Country Vision

- We will work with members, patients and with wider healthcare teams and organisations to implement the goals and ambitions of the three country visions.
- We will ensure that RPS provides thought leadership across GB, understanding country specific nuances but all travelling in the same positive direction for advancing patient care.

Environmental Sustainability

- Following RPS' declaration of a climate and ecological emergency and the subsequent launch of the climate change policy hub, we will focus on making our calls to action a reality for pharmacy across the three Nations.
- We will continue to collaborate with other organisations and lead the profession in this area.

Independent Prescribing

- We will build upon the tools, education and support for IP members, working across departments within RPS
- We will seek opportunities to advance and support the development of all independent prescribers as we continue to strive to be the natural 'home' for Ips.
- We will continue to advocate for the use of pharmacist prescribers in all areas of practice and the correct skill mix and infrastructure to support them.

Pharmacogenomics

- We will continue to advocate to make our policy recommendations a reality
- We will continue to work in partnership to position pharmacy as genomics work advances

Strengthening Pharmacy Governance

- We will work with our members to enable progressive, safe and effective pharmacy services within a modern and advancing NHS.

Health Inequalities

- We will champion our position statement on pharmacy's role in tackling health inequalities and advocate for change across the three Nations, focusing on better patient outcomes
- We will work with Professional Development and Support to explore potential resources to support pharmacists and their teams to improve health inequalities.



Professional Belonging

Workforce

- RPS Country teams, working collaboratively with the RPS Education team, will set out the direction of travel for the pharmacy workforce
- We will put patients at the centre of all that we do, promote proactive, compassionate care and encourages professionals, services and organisations to work together.
- Focus will be on engaging with members and key stakeholders and developing key workforce policy asks to help encourage people into pharmacy and the wider pharmacy family, while helping retain our current workforce.

Expert Advisory Groups (EAGs)

- The RPS EAGs serve as a consultative group to the RPS teams, acting as a source of expertise and advice, providing evidenced-based leadership and opinion to help inform RPS policy decisions and advice to government and other organisations.
- Our activities for 2023 will ensure there is a coordinated and joined up approach with board member support around management and consultation with EAGs.
- EAGs will provide insight into professional practice, identify and track the changing healthcare environment, highlight the changing professional needs of the workforce and competencies of our members across England, Scotland and Wales.

Inclusion and Diversity

- Our strategy was built in collaboration with the profession and demonstrates our clear commitment to bringing about real change to ensure everyone feels a sense of belonging. We will focus on making our calls to action a reality for pharmacy across the three Nations.
- We will strive for positive change in the profession, recognising the value of inclusion and diversity.
- We will ensure I&D is embedded throughout all RPS work, lobby and collaborate with stakeholders across the profession to help create a culture of belonging in pharmacy, elevating, and celebrating diverse voices alongside championing everlasting change.

Wellbeing

- We will focus on 'preventing the cause' of poor wellbeing in the workplace and making clear calls to action across the three nations.
- We will work collaboratively with key stakeholders including, pharmacy organisations, employers, unions, NHS, and Government.
- We will continue to work with Pharmacist Support to provide support to members in this area.



Professional Engagement

Stakeholder collaboration

- Maintaining and enhancing relationships with external stakeholders is an essential part of country teams' roles.
- These relationships are within pharmacy, with other professional groups, industry, policy makers and patient representatives.
- The UK Commission is likely to recommend collaboration as a key function of a professional leadership body.

RPS Ambassadors

- we will continue to support the RPS Ambassadors to strengthen the relationship between RPS and members at a local level.
- This will include a hybrid of face-to-face meetings and online events to increase the accessibility of local networks to members who cannot attend in- person events.
- We will introduce regional symposiums to bring members together to network, share best practice and connect with RPS staff including bringing RPS policies to life.

Political engagement

- Engaging with politicians from all political parties via meetings, briefings and letters to increase the profile of pharmacy and to lobby for changes where needed to shape the future of pharmacy practice.
- We will set out clear messages for politicians on key policy areas and includes more case studies/patient stories which help demonstrate the value of pharmacy services.
- We horizon scan and adapt our policy work to ensure our advocacy and lobbying is relevant and timely.

Intra-professional working

- RPS must work with multidisciplinary representative organisations to reflect the variety of teams that pharmacists work as part of.
- In 2023, as part of the implementation of our country visions, we will further develop the opportunities for intra- professional working, particularly around key policy areas.

National Pharmacy Board meeting – 8 February 2023

Title of item	Medicines Shortages
Author of paper	Alwyn Fortune
Position in organisation	Policy, Practice and Engagement Lead Wales
Telephone	0207 572 2346
E-mail	Alwyn.fortune@rpharms.com
Headline summary of paper	Medicines shortages continue to cause significant pressure on pharmacy teams, the board have asked for an update on relevant activity
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	Medicines shortages cause serious workforce pressures and risk to the health of the public
Resource implications	Staff time.

Medicines Shortages

What we are looking to achieve.

Ensure we continue to safeguard the public and uphold the standards of the profession whilst remaining sensitive to the pressures on the workforce.

Background:

We already have a [Medicines Shortage Policy](#) in place with policy asks. As we developed this policy document, we engaged closely with RCGP and BMA to ensure they were comfortable with our suggestions. We also engaged with patient groups via National Voices to gather their views and thoughts. All groups were broadly supportive of our policy asks.

Summary of activity /achievements to date

The Royal Pharmaceutical Society is concerned about the impact that medicines shortages are having on patient care. In one example in December 2022, access to antibiotics received widespread media attention and saw the Department of Health and Social Care convene an update meeting with pharmacy stakeholders. In collaboration with partners, the RPS subsequently produced an [illustration](#) to support people implementing a number of serious shortage protocols for antibiotics.

We are aware that pharmacists across all sectors as well as colleagues such as GPs are having to spend increased time dealing with medicines shortages. This is frustrating for the patient, pharmacist, and prescriber. The process can cause significant delays in patient access to medicines and take up valuable health professionals' time.

With fluctuating pricing of medicines, community pharmacists can sometimes find themselves having to supply medicines at a cost higher than drug tariff during a month before price concession details are released. Some RPS members have expressed concern that some patients are struggling to get hold of these medicines.

PSNC has issued guidance on '[How the price concession system operates](#)'. Within the frequently asked questions they have addressed the question, 'Can I refuse to dispense a generic drug that I cannot obtain at or below Drug Tariff price?', reminding pharmacists it is against a pharmacy's NHS terms of service if they do so.

Our stakeholder activity in this area has been extensive, including discussions with Governments across the three Nations, ABPI, and other pharmacy organisations.

Next steps

We will continue to work with members and other organisations to look for pro-active solutions to minimise the risks and impact of medicines shortages.

National Pharmacy Board meeting – 8 February 2023

Title of item	Science and Research update to National Pharmacy Boards
Author of paper Position in organisation Telephone E-mail	Professor Parastou Donyai Chief Scientist 020 7572 2275 Parastou.Donyai@rpharms.com
Headline summary of paper	The paper summarises activities of Science & Research Team
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	NA
Resource implications	NA

National Pharmacy Board meeting – 8 February 2023

SCIENCE AND RESEARCH UPDATE TO NATIONAL PHARMACY BOARDS

1. Background

This paper outlines Science and Research activities undertaken from September 2022 to present.

2. Science and Research Team activities

Team composition – Lauren Ross joined the Science and Research Team as the new Science and Research Officer on 8 November 2022.

Chief Scientist Research Opinion – Working with the Pharmaceutical Journal, our Chief Scientist has started writing a monthly blog, providing commentary on selected articles from RPS journals. Her most recent article discussed how studies of public opinion bring the dangers of laxity to light.

Outstanding Pharmacy Early-Career Research Awards' (OPERA) – Launched on 30 November 2022 in collaboration with the Pharmaceutical Journal. [Nominations](#) (including self-nominations) are restricted to UK researchers and scientists, who are RPS members, working within an area related to pharmacy. The deadline is 31 January 2023.

Media & other – Continued to respond to media enquiries. For example, SRT drafted an evidence summary on collagen supplements for the BBC Radio 4 show “Sliced Bread”, commented on a Pharmacy Magazine article about pharmacists’ ability to stay up to date with current evidence, and was quoted on BBC Radio 4 “Inside Health” on the topic of purchasing medicines from online pharmacies. Additionally, following a YouGov poll, the Chief Scientist produced a press release to provide advice on correct storage of household medicines.

PharmaScene – Chief Scientist was interviewed for episode 17, ‘Pharmacy & Psychology’, joined the Christmas special, ‘Christmas Past, with the Aural Apothecary’, and interviewed Ghalib Khan for episode 21 ‘Breaking down language barriers in Pharmacy’.

Multi-compartment compliance aids (MCCAs) – Working with the science and research committee, including co-opted external experts, we contributed to the update of the RPS guidance on MCCAs (first published in 2013) which was released as a refreshed guide in September 2022.

Medicines sustainability – We continue to work with the country teams, contributing to relationship building with the Association for British Pharmaceutical Industry’s sustainability committee inviting the Chair of the committee to the SRC meeting in October 2022.

2.1. Online resources for the development of research capacity

We have concluded our work on the 9 short (45 mins) NIHR e-learning modules; however, the quality assurance team’s sign-off on the content has been delayed. Currently, only Module 1 ‘Introduction to Research’ is available online. The following modules are expected to be launched on the [NIHR Learn](#) platform (free access) in early 2023.

To support the e-learning modules, SRT has begun the review and update of the [research and evaluation guidance hubs](#). The status of the hub updates can be found below:

Research Hub	Status
Introduction to Research	Updated & launched
Turning your ideas into a research project	Updated & launched
Finding and evaluating evidence	Updated & launched
Research methods – An overview	Updated & launched
Quantitative methods – Data collection and analysis	Updated & launched
Qualitative methods – Data collection and analysis	Updated & launched
Sampling methods	Under Review
Practical considerations: Research governance and ethics	Updated & launched
Research Dissemination <ul style="list-style-type: none"> • Journal publications • Research conferences 	Updated & launched Under Review Under Review
Applying for research funding and developing research proposals	Under Review

2.2. NIHR Incubator bid

Development of the application was led by the Chief scientist and supported by SRT, specifically by Professor Christine Bond who brought together the work she had been leading with the Chief Pharmaceutical Officer for England (David Webb) on Clinical Academic Career pathways in pharmacy to enable the RPS to create the application working with an existing Short Life Working Group and additional subject-matter experts. Two meetings were held (17 November and 5 December 2022) followed by a consultation with co-applicants. The final application was submitted on 14 December 2022. We will be notified of the outcome in May 2023.

2.3. Research support services

The research team continues to provide planned and *ad hoc* support to other RPS teams and workstreams, along with external research work:

- **Community Pharmacy Consultation Service:** We continue supporting evaluation of HEE commissioned NHS CPCS Courses, including evaluation of learners' feedback.
- **Inclusion and Diversity:** The 2022 I&D report was completed on 28 October 2022. SRT are in the process of developing an evaluation plan for the RPS' I&D programme.
- **Mental health and wellbeing:** Completed analysis of the annual survey results and produced the 2022 Workforce Wellbeing annual report. The [report](#) was published on 12 January 2023.
- **Mock Interviews:** Organised and delivered one NIHR advanced fellowship mock interview on 9 January 2023 (final result pending) and one Pharmacy PhD mock viva on 6 December 2023 (candidate successfully passed her viva).

- **RPS Annual conference:** Supported the abstract submission process and poster presentation at the conference. Also providing support with the evaluation of feedback from the conference. The Chief Scientist penned the [editorial](#) which accompanied the abstracts published in IJPP.

We continue providing regular research support services to RPS members, including responding to research enquiries, reviewing research funding applications, surveys, reports, articles, etc.

2.4. Events

Science and Research Summit 2022/Celebration of Science – The event took place on 10 Nov 2022 with positive feedback received from delegates. Prof Abdul Basit, UCL, received his 2022 Harrison Medal and presented on his current and future research. Professor Yvonne Perrie, 2020 Harrison Medal award holder, also presented at the event. Additionally, there was a celebration of the contribution of pharmacists as scientists, with a lecture given by Dr Diane Ashiru, and Prof Paul Dark from the NIHR presented on recent changes relating to funding. To close the event, a panel was held with the current and all previous RPS Chief Scientists. The Chief Scientist published a [letter in the PJ](#) prior to the event and [an RPS blog](#) reflecting on the closing panel discussion.

2.5. Qualified Persons

QP programme responsibilities were handed over to the Support team at the end of June 22. We will continue to provide support on more complex enquiries.

2.6. Science and Research Committee and Expert Advisory Groups (EAGs)

Science and Research Committee – Meeting held on 11th October 2022. The group heard from Sophie Harding, Pharmacogenomics lead at the RPS, preparations for the RPS annual conference, and discussed prioritisation of work streams. Next meeting to be held on 7 February 2023.

Antimicrobial Expert Advisory Group – Meeting held on 15th Sept 2022. The group heard introductions from 2 new members and heard about work being completed by RPS to support World Antimicrobial Awareness Week. Awaiting updates from meeting held on 16 January 2023.

Industrial Pharmacy Advisory Group – Meeting held on 12th December 2022. The group were introduced to Avril Chester and Neville Carter as well as receiving an update of the EIPG activities. Next meeting to be held on 8 March 2023.

Further information [here](#) (including previous meeting notes).

National Pharmacy Board meeting – 8 February 2023

Title of item	Independent Prescribing workstream
<p>Author of paper</p> <p>Position in organisation</p> <p>Telephone</p> <p>Email</p>	<p>Alwyn Fortune, Laura Wilson, Heidi Wright</p> <p>Policy Leads</p> <p>Alwyn.Fortune@rpharms.com Heidi.Wright@rpharms.com, Laura.Wilson@rpharms.com</p>
<p>Headline summary of paper</p>	<p>Update on key activities since the last board meeting.</p>
<p>Purpose of item</p>	<p>This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.</p>
<p>Risk implications</p>	<p>There is a constant need to consider which resources are open access and available to all pharmacists as well as other non-medical prescribing professions, versus the member only content.</p>
<p>Resource implications</p>	<ul style="list-style-type: none"> • Staff time • Investment in RPS products and services

Independent Prescribing Workstream

Background

The Independent Prescribing project sits firmly under the RPS' vision to put pharmacy at the forefront of healthcare and to become the world leader in the safe and effective use of medicines. It is also a key element of the three country visions for pharmacy.

The aim of the RPS Independent Prescribing workstream is twofold.

- a. To further advance the role and provision of pharmacist independent prescribing across all sectors in England, Scotland and Wales and to provide exclusive RPS Member benefits to support and advance prescribing practice.
- b. To ensure that RPS shows leadership and support for all non-medical prescribers through our tools, support and frameworks.

We aim to achieve this by:

1. Advocate for the creation of an infrastructure which increases the number of practicing Pharmacist Independent Prescribers (PIPs) and fully utilises their expertise
2. Implement support and tools to advance the practice of independent prescribing pharmacists
3. Influence the environment for pharmacy independent prescribing through advocacy and influencing change in each of the three GB countries.
4. Collaborate with other professional bodies and Royal Colleges to understand the needs of their members who prescribe.

Summary of activity /achievements to date

- **National guidance for [Expanding scope of practice for prescribers](#) published:** New guidance for independent prescribers has been published. This guidance was commissioned by Welsh Government, for the benefit of all prescribers across the UK.

Following extensive stakeholder engagement, both with members, pharmacist non-members and other professional bodies, we recognised the need for a structured and supportive approach for prescribers wishing to

develop their practice, the guidance also contributes to added assurance in the employment of suitably qualified and competent prescribers.

The guidance was developed through collaboration with multi-professional stakeholder group, in line with the [Competency Framework for all Prescribers](#).

- **Launch event for Expanding scope of practice for prescribers guidance.** The event gave attendees an opportunity to hear about why the guidance was created and understand how to use the guidance and supporting case studies. There was an interactive Q&A session where participants shared their thoughts on other useful resources that RPS could consider developing. Over 220 people registered for the webinar which was recorded and will be kept as a resource, available to watch back.
- **Events with RCN supporting HCP to become a DPP.** 2 of these sessions have now been held. The event builds upon the content of the [competency framework for Designated Prescribing Practitioners \(DPP\)](#)

Update on what is happening in each country

England

- Independent Prescribing is a key element of the [Vision for Pharmacy Professional Practice in England](#).
- Many practice pharmacists working in GPs and PCNs are supported to undertake prescribing training via the Additional Roles Reimbursement Scheme (ARRS)
- Funded independent prescribing training is being made available for pharmacists contributing to primary care, including community pharmacy clinical services.
- NHSE are running pathfinder sites for pharmacist independent prescribers via Integrated Care Systems and aim to establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.
- Reasons for running these pathfinder sites are:
 - Support patients with access to treatment harnessing the skills of pharmacists
 - Support the Fuller Review recommendations
 - Maximise opportunities for service delivery available from 2026
 - Support and maximise benefits of ICSs
- Timeline for the pathfinder sites are:
 - Jan to Feb 2023 – regional process stage 1 where each ICB invited to complete an expression of interest

OPEN BUSINESS

- Feb to March 2023 – regional process stage 2 where community pharmacies that meet the criteria are identified, digital maturity at ICB level assessed, any additional support etc
- April 2023 – national moderation where sites are assessed and approved
- Sites will consider governance, reimbursement, IT issues and also assurance processes, indemnity issues and professional development needs
- Evaluation plan is being developed with a phase 1 review in Autumn 2023 and a phase 2 review in March 2024

Wales

- Independent prescribing (IP) forms a key thread of the vision for the profession in Wales, [Pharmacy: Delivering a Healthier Wales](#).
- Welsh Government have provided funding through HEIW to support the training of the existing pharmacist workforce to gain IP accreditation.
- Following introduction of a [Presgripsiwn Newydd](#), the community pharmacy contractual framework supports the expanding clinical role of community pharmacists with a funded pharmacist IP service (PIPS), this aligns to the vision of the profession.
- Currently, 137 premises are registered in Wales to provide PIPS. In June 2022, 2461 consultations were provided by 74 pharmacies, In November 2022 this number had increased to 3429 consultations in 99 pharmacies. December 2022 saw a spike of 5201 consultations in 102 pharmacies.
- RPS are currently undertaking an '[Independent Review of clinical Pharmacy Services in Hospitals in Wales](#)' on behalf of Welsh Government. This will provide a focus for the hospital setting and have Independent Prescribing as a key theme, exploring existing examples of good practice and the potential for the utilisation of PIP for the benefit of patients.
- Challenges reported by the profession include the availability of a 'Designated Supervising Practitioner' to support the IP training.

Scotland

- Independent prescribing runs through many of the themes in our vision in Scotland [Pharmacy 2030: A professional vision](#)
- In community, NHS Scotland Pharmacy First Plus is being offered from more sites across Scotland and work is being done to expand the offering from the service
- To support this, Teach and Treat pharmacies have been set up to provide experiential learning for those wishing to provide Pharmacy First Plus but who want to build confidence. They have the support of an experienced prescriber to offer advice and guidance.

OPEN BUSINESS

- In primary care, we have the pharmacotherapy service which offers the support of pharmacy teams to GP practices. There are differences in the way some areas are providing this to ensure cover with some offering hubs.
- Additional funding is being put in place to allow the training of more pharmacist IP's to support provision of the Pharmacotherapy and Pharmacy First Plus services
- Projects are ongoing to fund DPP's to support the development and training of IP's coming through
- We are awaiting publication of work commissioned by Scottish Government looking at Hospital services

Next steps

- Continue to work with stakeholders and members to pinpoint how the RPS can best support pharmacist prescribers, including:
 - Tools to support maintaining competence
 - In collaboration with other organisations / providers:
 - CPD support for IPs at different stages of their journey as a member benefit – the Prescribing Support Pathway. Project kick-off Q1 2023.
 - Events to support building confidence and capacity of DPPs
 - Exploring development of an e-portfolio offer
 - Providing professional guidance where there are potential issues
 - Identify areas where we can advocate for the use of PIPs
- Ensure the expanding scope of practice guidance is embedded into practice.

Conclusion:

Independent Prescribing continues to offer a significant opportunity for the RPS to take a leading role on PIPs across GB. It is vitally important to manage and maintain good external relationships throughout this project to ensure that the roles and responsibilities of RPS in this arena can work proactively with key partners such as universities and health education organisations.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Independent Prescribing Workstream	Overall RAG
Reporting period	October 2022 – February 2023	
Risks / issues/	There is a constant need to consider which resources are open access and available to all pharmacists as well as other non-medical	

	prescribing professions, versus the member only content.	
Project deliverables	Progress summary	Next Steps:
1.	Develop new guidance for prescribers to expand their scope of practice	Completed To help ensure implementation of the guidance in practice
2.	Launch event and comms for new guidance	Complete Recording of the webinar to be made available and promoted.
3.	Stakeholders work to identify further tools to support IPs	Ongoing We are exploring a number of tools that have been identified by members as beneficial to support practice and are engaging with stakeholders for feasibility.
4.	Supporting the national work in each country	Ongoing Continuing to engage with those leading the national programmes of work

Advice requested from Board:	Please keep sending us your views on tools and resources needed to support IP practice.
-------------------------------------	---

	On plan
--	---------

National Pharmacy Board meeting – 8 February 2023

Title of item	Education and Professional Development Q4 2022 activities update
Authors of paper Position in organisation Telephone E-mail	Beth Ward, Associate Director of Education & Professional Development (interim) Elizabeth.Ward@rpharms.com Helen Chang, Head of Professional Development Helen.Chang@rpharms.com Joseph Oakley, Associate Director of Education & Professional Development (interim) Joseph.Oakley@rpharms.com
Headline summary of paper	Education and Professional Development activities report October to December 2022
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	n/a
Resource implications	n/a

Education and Professional Development activities update to National Boards

1. Background

Following the executive level restructure, the Education & Professional Development (EPD) and Pharmacy & Member Experience (PMEX) directorates have now merged to form the Professional Membership & Education (PMED) directorate.

The directorate is supported by an interim leadership and management team comprising four interim associate directors and two heads of department. The education and professional development roles within this are:

- Beth Ward, Associate Director of Education & Professional Development (responsible for Education delivery)
- Joseph Oakley, Associate Director of Education & Professional Development (responsible for Assessment & Credentialing).
- Helen Chang, Head of Professional Development (responsible for student/Foundation trainees, mentoring and e-portfolio development and delivery)

The interim leadership and management team have been working to unify the existing Education and Membership strategies in line with this structural change.

Educational activity for 2023 will be largely focussed on developing a compelling educational and professional development value proposition to support membership growth in our target segment: pharmacist prescribers. We will also be focussing on scaling our credentialing activities at the advanced level of practice following the release of the RPS Core Advanced curriculum.

Summary of activity /achievements to date

- **Foundation training**
 - We launched our new foundation trainee membership programme and delivered two interactive webinars to trainees in October and November 2022. Planning for the next set of webinars within the series is currently underway, due to be delivered over January, February, and March. Feedback to date has been very positive.
 - We have started to plan and co-ordinate our 2023 Revision Course programme with the aim of improving its quality and relevance. 15 Live webinar dates (5 sessions, each repeated three times) have been finalised; delegates can tailor and book onto sessions that best meets their preferences/availability. The course commences in March 2023.
 - We continued to develop the HEE Foundation Trainee Pharmacist E-Portfolio and have agreed a plan for phased improvements for 2023 based on HEE's user evaluation survey.
- **Mentoring**
 - We continue to see good engagement on the mentoring platform. At the end of 2022 we had 1920 registered users on our mentoring platform. 1581 mentees (1323 are active), 569 mentors (450 are active). 2362 mentoring requests have been made (703 are in progress and 486 marked as already completed).
 - Mentoring was a key element of the RPS annual conference in November 2022. We offered taster sessions and raised awareness of mentoring in the Wellbeing hub.
- **Courses and programmes**
 - The first NIHR E-learning for Pharmacists and Pharmacy Technicians module (in a series of 9) was launched in October 2022.

- **RPS Live**

- In October and November we developed and delivered 4 webinars, followed by a break in December.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
October	Demystifying Pharmacogenomics: Interpreting Test Results and Guiding Treatment	68	100%
October	RPS and NICE webinar series: Safe prescribing and management of medicines associated with dependence	178	95%
October	The Menopause: Facts, Management and Self Care	148	100%
November	Demystifying Pharmacogenomics: Application and Implementation	99	100%

- **Annual conference**

- The annual conference was fully booked with 803 people attending on the day (550 in person and 253 online).
- There were 37 sessions throughout the day with 48 expert speakers across 4 different content streams.
- 98% of attendees rated it as excellent or very good.

- **CPCS**

- 2022 respiratory sessions have been successfully delivered with 442 registrations and 374 attendees for session 1; and 436 registrations and 361 attendees for session 2
- We have received great feedback from both learners and facilitators
- Paediatrics training package is being developed and dates for January sessions are now open for bookings
- Clinical Skills package has been developed and going through QA. Live session dates have just been released
- Women's Health training content has been developed and going through QA
- We have confirmed a date for the next plenary session on the use of Patient Group Directives, in March 2023

- **LMS**

- We worked with our LMS provider to develop first two modules for CPCS Training Programme: Ophthalmology and Dermatology
- The Ophthalmology module is due to be launched early January 2023 with Dermatology to follow shortly after

- **Advanced and Consultant Practice**

- Launched the RPS Core Advanced e-portfolio to support Core Advanced credentialing
- Delivered the RPS Core Advanced e-portfolio launch webinar - 94 people attended
- Consultant Pharmacist Post approvals - Received 7 post approval applications in the September to November window. 6 applications were given an initial outcome of provisional and 1 was not approved. Of the 6 provisional applications, 3 have now been approved. We are currently waiting for the remaining applicants to send their updated applications.

OPEN BUSINESS

- Consultant Pharmacist Credentialing - Received 23 portfolio submissions. 12 candidates met the standard and were successfully credentialed in this window.
- 1057 are registered onto the consultant pharmacist e-portfolio (includes candidates, professional coaches, expert mentors)

National Pharmacy Board meeting – 8 February 2023

Title of item	Policy and Consultations
Author of paper Positions in organisation E-mail	Heidi Wright, Laura Wilson, Alwyn Fortune and Iwan Hughes Policy leads for England, Scotland, and Wales Heidi.Wright@rpharms.com , Laura.Wilson@rpharms.com alwyn.fortune@rpharms.com iwan.hughes@rpharms.com
Headline summary of paper	The National Pharmacy Boards are asked to note the update on policies developed and published by RPS plus the update on consultations responded to by RPS in the time period September 2022 to early January 2023 and the policy statements made for each consultation.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	The RPS must develop policies and respond to relevant consultations to provide a voice for pharmacists.
Resource implications	None over and above staff time

POLICY AND CONSULTATIONS UPDATE

Background

It is important that the RPS has a view and a position in a number of different areas to support and advance the work that pharmacists do.

By developing policies and responding to consultations, the RPS states it's view on behalf of members, and we are then able to advocate for the profession.

Summary of activity /achievements to date

Policy:

- We have developed a [Vision for Pharmacy Practice in England](#) and a [best practice hub](#) under the themes in the vision. We will focus on implementation of the vision in 2023
- We are now three years into our vision work in Wales and have reviewed the 2022 goals and set the new 2025 goals to keep on track for the 2030 [vision for pharmacy in Wales Pharmacy: Delivering a Healthier Wales](#), we will now lead on driving forward the work of the delivery board for implementation on behalf of Welsh Government
- We are continuing to work to promote our new [Pharmacy 2030](#) vision in Scotland, we highlighted this at an NHS Scotland event, reaching the whole of the NHS
- RPS Wales have been commissioned to undertake an [independent review of clinical pharmacy services in Hospitals in Wales](#) on behalf of Welsh Government.
- We have published our [health inequalities](#) paper
- We have published our [RPS/BMA Joint statement on the Pharmacotherapy Service](#) in Scotland
- We have published our [Strengthening Pharmacy Governance](#) (supervision) policy position statement
- We launched our [Climate Change Charter](#)
- We published the themes from the round table we co-hosted with General Pharmaceutical Council on [sharing patient data](#)
- We published the agreed outcomes from our [round table on disability](#) in pharmacy, which was hosted by Jeremy Balfour MSP at Scottish Parliament
- We briefed MSPs ahead of a debate on 'National Drugs Mission: Our Cross Government Response to the Drug Deaths Taskforce Report - Changing Lives'

OPEN BUSINESS

- We continue to lobby and drive forward our policy asks for pharmacists to be able to make minor amendments to prescriptions rather than needing serious shortage protocols
- We are discussing the issue of access to NHS mail for locum pharmacists with DPEAG and other interested parties to see how improvements can be made
- We facilitate and attend regular meetings with pharmacy organisations and professional leadership bodies policy leads to discuss current priorities and consultation responses.

Next steps

- We will continue to develop policies on areas of significance and relevance to pharmacists
- We continue to develop a policy on Protected Learning Time

Consultations

During the period September 2023 to January 2023, we have responded to 13 consultations, these consultations and the policy points for each consultation are attached as **Appendix 1**. These can also be found on our website [here](#).

Next steps

The RPS will be responding to the following upcoming consultations

- Draft hearings and outcomes guidance from GPhC
- Call for evidence on AMR action plan
- All Wales Medicines Management Support Training Framework
- All Wales Paediatric Asthma Management and Prescribing Guideline
- Mental Health and wellbeing Strategy in Scotland

Other areas

- Policy leads are leading cross RPS groups focusing on workforce wellbeing, independent prescribing, sustainability and workforce and networking.

- Policy leads actively support the Expert Advisory Groups in Digital, Primary Care and Community Pharmacy
- Policy leads represent the RPS at regular meetings with stakeholders
- Policy leads work with universities to establish opportunities for teaching and interacting with student at various levels

Conclusion:

We will continue to respond to consultations on behalf of the membership to ensure that pharmacy has a clear, strong voice in all discussions which affect healthcare and pharmacy. We will also continue to develop policy in relevant areas. Our aim is to ensure that the views of members and experts within the profession are reflected in our responses to consultations and policy development.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Overall RAG
Reporting period	September 2022 – January 2023	
Risks / issues/	None identified	
Project deliverables	Progress summary	Next Steps:
1. Respond to consultations across GB	Responded to all relevant consultations during this time period	Continue to respond to consultations
2. Develop policies in line with National Pharmacy Boards priorities and workplan	Relevant policies developed	Continue to develop policies in line with National Pharmacy Boards' priorities

Advice requested from Board:	
-------------------------------------	--

	At risk of not being delivered
	Delayed
	On plan

Appendix 1: The following consultations have been responded to by the RPS
Time period: 8 Sept 2022 – 16 Jan 2023

Clinical genomics service specification consultation | NHS England

- Pharmacists should be mentioned within the service specification. The service specification seems very medically orientated and throughout the specification there is no mention of pharmacy professionals or pharmacists as healthcare professionals working within the wider multidisciplinary team.
- Information from genomic testing needs to be shared with others providing care to that person
- There needs to be more training of the wider workforce to understand genomics so it is not seen as just a specialist area
- Potential links between pharmacogenomics and clinical genetic services within healthcare should be discussed and clarity is also needed around terminology used within the document.

Equity in medical devices: independent review call for evidence | UK Government

- More research is needed to explore and identify new technologies that are not biased by patient factors such as skin tone and skin types (unpredictable effects can be imparted by physiology in some cases), motion artefacts and signal crossover.
- Not all devices are producing racial and ethnic bias, and hence, more robust testing of these devices is required prior to their marketing.
- AI is highly dependent on the quality of data generated from a device. If a device is producing data that contains too much noise, and this data is not processed with validated algorithms, the final outcome will highly be biased.

Draft action plan to end the abuse and neglect of older people in Wales | Welsh Government

- The RPS supports the proposed actions the Welsh Government will take to prevent the abuse and neglect of older people in Wales, recognising the role pharmacists play in the care of older people through medicines administration.

- The consultation highlighted throughout the important role pharmacists, as the experts in medicines, play and the potential for greater pharmacist input in the care of older people in a variety of settings.
- We highlighted the role pharmacists currently play in care homes referencing our key document, 'Improving medicines use for care home residents'.

Draft substance misuse treatment framework and Standards for mental health services for prisons | Welsh Government

- We were supportive of the framework and the clinical treatment pathway.
- The need for inclusion of pharmacists, pharmacist independent prescribers and pharmacy teams in a multidisciplinary team approach was highlighted.
- Adequate support and funding for training of healthcare professionals and the utilisation of pharmacists as non-medical prescribers in a field where staff shortages increase waiting times for support was advocated for.

Draft HIV action plan for Wales 2022 to 2026 | Welsh Government

- We agreed with the five overarching principles in the plan (prevention, testing, clinical care, living well with HIV and tackling HIV stigma).
- The extending of the supply of PrEP through community pharmacies was welcomed, however the challenges and pressures currently on the workforce was highlighted. We stated it was imperative that implementation caused no more additional pressures and burden on community pharmacists.

Independent Commission into pharmacy professional leadership | CPhO

- To achieve professional transformation of this scale, we believe all of pharmacy needs to come together: in particular, pharmacists and pharmacy technicians should be represented in the future by a single leadership body comprised of professional faculties
- Pharmacy's future role must be centred around the unique contribution pharmacy professionals make to patient care: their expertise in medicines.
- In the future, pharmacists will be clinically autonomous decision makers leading the prescribing, monitoring, reviewing, adjusting and cessation of medicines use.
- In addition to their medicines expertise, pharmacists and pharmacy technicians will need to be effective leaders, managers, educators and researchers

- We will focus our advocacy on professionalism to enable the development of professional roles for all of pharmacy, including the embedding of prescribing within pharmacists' daily practice.
- We will become a galvanising force open to working with the many organisations in health and social care
- Pharmacists and pharmacy technicians require a UK-wide post-registration development structure to scaffold development and provide assurance of advancing capability.
- Pharmacists and pharmacy technicians must begin to revalidate against their highest level of credentialled practice.
- We are committed to evolving, and to working in collaboration with other pharmacy professional leadership bodies to become a unified single professional leadership body for all of pharmacy.

Developing a Vision for Community Pharmacy | PSNC

- In our response to this consultation, we included many points that we included in the RPS Vision for Pharmacy Professional Practice. These points related to workforce, making best use of community pharmacists and their teams, access to information, use of technology and the culture within pharmacy.

Developing a substance misuse treatment framework for children and young people | Welsh Government

- We agreed with the principle that the draft Substance Misuse Treatment Framework (SMTF) meets its aims. These being, to inform and assist health, social care and criminal justice planners and providers to design and deliver high quality, sustainable and equitable prevention and treatment services children and young people, specifically for those at risk of, or experiencing substance misuse issues.
- We highlighted the potential service delivery challenges. Namely, the need for increasing the numbers of qualified professionals e.g., pharmacists (including IP pharmacists), and the provision of advanced training to enhance the skills of their team members e.g., key workers.

Duty of Candour | Welsh Government

- The guidance of when duty of candour applies is clear and concise
- The relationship between the professional Duty of Candour that many health professionals are subject to and the statutory Duty of Candour could be clearer. We asked for further clarification on how the individual and organisational duties inter-relate, including the investigation and reporting requirements

Health and Care Research Wales three-year draft plan | Welsh Government

- The RPS welcomes and is broadly supportive of the approach detailed Health and Care Research Wales (HCRW) plan for 2022 -2025.
- We support investment from HCRW into partnership with NIHR and are interested to see how HCRW can maximise access to these programmes for underrepresented groups such as pharmacy.
- One thing of note from the document is the lack of a direct mention of the 'Pharmacy' profession, which we hope is an oversight but may be of more concern. Whilst supportive of this approach, the lack of reference to 'pharmacy' was highlighted as a concern.
- We provided some context about the work of the RPS and the ambitions of the wider profession for developing research opportunities and aligning to the goals of Welsh Government. Namely, the RPS consultant pharmacist credentialing process with research as one of its four pillars. In addition, highlighting the role of research in the professions long term vision for pharmacy in Wales, Pharmacy: Delivering a Healthier Wales.

Understanding Unlicensed Medicines | AWTTTC

- We welcomed the overall content of the document, whilst suggesting some rewording around some of the content.

A new Mental Health and Wellbeing Strategy | Scottish Government

- RPS agrees with the proposed vision for the Mental Health and Wellbeing Strategy.
- Our wellbeing surveys of pharmacists show that people have concerns about taking up the offer of resources which offer support during times of stress or challenging life circumstances if offered by an employer. Pharmacists are concerned about confidentiality, the impact on their career and how seeking help will reflect on them. Work needs to be done to reduce stigma and continue access for all to national resources for support.
- Pharmacies are at the heart of communities; they are accessible, and the public know there is a healthcare professional there who is easily accessible. It makes sense that people in crisis or who are looking for support will often turn to pharmacist and pharmacy teams for help. Pharmacy teams should be trained in mental health first aid and suicide prevention so they can respond to crisis situations.
- Some medications prescribed for mental health conditions are considered high risk e.g. lithium, require physical monitoring and close observation of patients to minimise unintended harm.
- Many pharmacists experience long working hours with few breaks, and a lack of work-life balance. These factors will prevent pharmacists taking up activities which would be beneficial for their mental health either during their working day e.g. at lunchtime, or out with their working day.

- Specialist mental health pharmacists use their skills and expertise to individualise treatments to get the best outcomes for people in the care of mental health services. They could also be involved in analysing, monitoring and researching psychotropic prescribing trends or working with prescribing advisers and community prescribers to ensure use of evidence-based medicine to address inappropriate medicines use.

Patient Safety Commissioner for Scotland Bill | Health, Social Care and Sport Committee

- Royal Pharmaceutical Society (RPS) in Scotland supports the establishment of a Patient Safety Commissioner (PSC), for the purposes laid out in the policy memorandum.
- RPS is of the belief that the PSC should prioritise patient safety in a medicines and medical devices context, using the lessons already learned, to make improvements to patient safety and minimise the risk of harm.
- As outlined in the Bill, the Commissioner will have no power to make awards or seek redress, assist individuals in seeking redress. However, they will have the power to require a Health Board to provide information. It would need to be made clear how the PSC would resolve issues highlighted by investigations and how health board should be compelled to make these changes. It is important that any investigation carried out by the commissioner is not duplicating any other investigations being carried out by interested parties.
- RPS Scotland agrees with the provisions made in the Bill for funding so the PSC can carry out their role and welcomes the provision for the PSC to appoint staff. To ensure the PSC's functions can be carried out, the PSC would need the support of a team behind them to focus on investigations, analysing data, interviewing, and building relationships with organisations. RPS Scotland would like to see a staff team who could support the PSC to carry out these functions, as they are clearly too broad to be carried out by one individual.
- It is very important that there are clear outcome measures in place to evidence the impact and value of the PSC. RPS Scotland would like to see a section on outcome measures added to the Bill so the public can understand what the objectives of the role will be and how these will be measured and reviewed. This will be critical to ensuring transparency and public confidence in the post.

National Pharmacy Board meeting – 8 February 2023

Title of item	Public Affairs
Author of paper	John Lunny, Ross Barrow, Ross Gregory
Positions in organisation	Public Affairs Leads
E-mail	John.Lunny@rpharms.com
Headline summary of paper	To update National Pharmacy Boards on public affairs activity and stakeholder engagement.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	Engaging with key stakeholders in a fast-moving policy environment.
Resource implications	None over and above staff time

PUBLIC AFFAIRS UPDATE

GB

- “Be Kind” Campaign in December. This was a cross country campaign that pulled together the three country teams to ensure that there was a clear narrative that was embraced by country specific leaders.
 - We shared videos from senior healthcare leaders in Scotland including Jason Leitch, National Clinical Director and Maree Todd, Minister for Public Health, Women’s Health and Sport.
 - The Chief Pharmaceutical Officer for England recorded a video in support of the campaign.
 - We promoted video messages from senior pharmacy colleagues in Wales, asking the public to support the pharmacy profession, particularly during times of increased demand in winter.

Scotland

- In October, we co-hosted a round table with General Pharmaceutical Council on sharing patient data. In November, we published the [outcomes](#).
- In October, we held a round table on disability in pharmacy in Scottish Parliament. This was chaired by Jeremy Balfour MSP, Convener of Cross-Party Group on Disability. In November we [published the outcomes](#) from the round table:
- In November we celebrated new RPS Fellows, newly credentialed consultant pharmacists and newly qualified pharmacists at our celebration and networking evening at our ‘Home for pharmacy’ on Melville Street.
- In January we published a [joint statement](#) with BMA Scotland, calling for improvements to the pharmacotherapy service in Scotland:

England

- In December, we [published](#) a **Vision for Pharmacy Professional Practice**, in partnership with The King’s Fund, which outlines key ambitions for the future of pharmacy in England over the next decade. The Vision was developed through extensive consultation with pharmacists, pharmacy technicians, patients and the wider healthcare system. A virtual launch event was attended by a range of stakeholders and members, with speakers including from The King’s Fund and the RPS, members of the project advisory group and pharmacy leaders, and the Chief Pharmaceutical Officer for England.

- The RPS coordinated a [joint letter](#) signed by representatives from 14 pharmacy organisations which warned the Government about a lack of engagement with stakeholders around the development of its **long-term workforce plan in England**. The letter called for reassurance that the workforce plan, expected by April 2023, will cover the entirety of the pharmacy workforce across the health service, including in community pharmacy. NHS England subsequently convened a stakeholder meeting on 24 January, including representatives from the NHS, community pharmacy employers, unions and professional bodies.
- The RPS continues to support the work of the **Pharmacy APPG** in Parliament, including at a briefing session for MPs and Peers convened by the APPG's new Chair in November.
- In January, we attended the launch of an APPG [report](#) on “The future of pharmacy”, which makes a number of recommendations including around the role of pharmacy teams to support patient care, workforce, pharmacist independent prescribing, and community pharmacy funding.

Wales

- In October we led the launch of the 2025 Goals for *Pharmacy: Delivering a Healthier Wales*. We engaged with the Minister for Health and Social Services and benefited from presentations from the Minister and the Chief Pharmaceutical Officer which supported Welsh Government endorsement of the vision work. We also published promotional articles about the vision to community pharmacists via the Welsh Pharmacy Review and to the public via the [Western Mail newspaper](#), the largest circulating newspaper in Wales:
- We engaged with Members of the Senedd from every political party in October when we led a promotional session in the Welsh Parliament about the objectives of the 2025 Goals for Pharmacy: Delivering a Healthier Wales.
- We held an event in association with the ABPI in October to talk to Members of the Senedd about the action taken by pharmacists to make [medicines use more sustainable](#):
- We engaged with Labour Members of the Senedd when attending an evening gala with the Welsh Labour Party to celebrate 100 years of Labour in Wales.
- We met with Members of the Senedd in November and joined ten other Royal Colleges and professional bodies to call for the [urgent transformation of mental health services](#) to address the increasing demands on the NHS in Wales:

OPEN BUSINESS

- We met with RCGP colleagues in November at the launch of their campaign on 'relationship based care' and discussed the important role of GP pharmacist prescribers with key stakeholders that the event.
- We held the first all Wales medicines safety symposium since the pandemic in December, leading the agenda for Wales in association with the [All Wales Medicines Safety Network](#):

National Pharmacy Board meeting – 8 February 2023

Title of item	Sustainability
Author of paper	Elen Jones, Laura Wilson, Iwan Hughes
Position in organisation	Director for Wales, Director for Scotland, Policy & Public Affairs Executive
Telephone	020 7572 2342
E-mail	Iwan.hughes@rpharms.com
Headline summary of paper	Summary of activity since the last National Board Meeting.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	
Resource implications	Staff & board time.

Background (Reason for activity and ambitions)

Activity has focused on raising awareness of sustainability issues within pharmacy and medicines, spreading best practice among the profession and collaborative work to encourage the implementation of the recommendations made in our sustainability policies.

Summary of activity /achievements to date

- Climate Charter: Following the publication of our Climate Change Charter in collaboration with Pharmacy Declares, we've continued to promote the charter and list of suggested actions on social media.
- Annual Conference: 'Creating a More Sustainable Future' was one of the 4 main workstreams for this year's annual conference in November. Expert speakers from across England, Scotland and Wales were included on the agenda. Speakers stressed to delegates of the link between healthcare and medicines and climate change as well as developments and opportunities to make pharmacy practice and medicines use more sustainable and to inspire them to make changes in their own practice.
- UKHACC: We've continued to attend meetings and support initiatives of the UK Health Alliance on Climate Change including setting the alliance's mission & vision and embedding sustainability in member organisations' governance, structure and culture.
- Ride For Their Lives: In November, our President joined Senior leaders from the UKHACC member organisations in a 14 mile cycle in London, which was followed by an expert panel of participants to capture key learning and messages from the day. Highlights of the discussions are now available on an online Inspiration Hub and an interview with our President and her contributions to the panel discussion will be made available later in January.
- Stakeholder Engagement: We've continued to meet with a range of stakeholders across the health service in GB, with the aim of finding ways to implement the recommendations in our sustainability policy and to identify opportunities for collaborative or commissioned work. This has included meetings with NHS England Net Zero team, Public Health Wales, members of the pharmaceutical industry and the Health Foundation.
- Cop27 Letter: Together with other health leaders, Royal Pharmaceutical Society President participated in an open letter that called on COP26 President Alok Sharma to use his leadership at COP27 to put health at the forefront of discussions. The letter warned that without urgent action on climate change there will be catastrophic harms to health, but with action there will be global benefits to health.
- Sustainability at the Senedd: Coinciding with COP27, RPS Wales held a 'drop in' session for members of the Welsh Senedd (MSs), allowing around 20 MSs to have a 10-15 discussion with us to find out about the link between medicines and climate change and the work pharmacists are doing to limit environmental harm.
- Phosphorus Pollution: Took part and contributed to a pharmacy/medicines perspective to a Pre-Meeting for First Minister's Summit on Phosphorus Pollution in Wales – linking with other key stakeholders who are leading on reducing the impact of waste on our rivers and water.

OPEN BUSINESS

- UKRI MRC Project: Joining the multi-agency stakeholder group to feed into the project looking at developing frameworks for eco-directed sustainable prescribing.
- Reducing the environmental impact of prescribing: Produced a joint statement with the RCGP and the Academy of Medical Royal Colleges in Scotland calling for action to reduce the impact of prescribing. This led to us meeting with the CMO and CPhO of Scotland to discuss ongoing work in this area.
- Sustainability in Schools of Pharmacy: Participate in a group looking at how to embed sustainability into schools of pharmacy. This is also attended by RPS CSO.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Sustainability		Overall RAG
Reporting period	September 2022 - January 2023		
Risks / issues/	Staff capacity: Working under Elen Jones as Director Lead, both staff members undertaking this work will be taking on new roles in Q1 (Laura Wilson permanently and Iwan Hughes temporarily).		
Project deliverables	Progress summary	Next Steps:	
1. Stakeholder activity across the three nations to make our recommendations in the policy a reality	A number of relationships have developed with other organisations as reflected upon in the paper	We will continue with this work and look for more opportunities to drive forward progress.	
2. Actively engage with partners through the UKHACC	Meetings have been very useful to gain knowledge and partnership working.	We will continue to actively engage	

Advice requested from Board:	
-------------------------------------	--

	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 8 February 2023

Title of item	RPS Pharmacogenomics Project
Author of paper	Sophie Harding
Position in organisation	RPS Pharmacogenomics Lead
Telephone	
E-mail	Sophie.harding@rpharms.com
Headline summary of paper	This paper outlines the developments of the RPS pharmacogenomics programme since the last board update
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • A fast-changing policy landscape across Great Britain in this area may risk the project's success, have an impact on RPS reputation and external relationships. • Capacity pressures
Resource implications	<ul style="list-style-type: none"> • Staff time • Pharmacogenomic lead role

RPS Pharmacogenomics Project

Background (Reason for activity and ambitions)

The board has agreed that focussing on a project dedicated to pharmacogenomics sits firmly under the RPS' vision to put pharmacy at the forefront of healthcare and to become the world leader in the safe and effective use of medicines. It is critical that the RPS leads and support its members and the profession in this advancing area of practice.

RPS aims to deliver an engaging programme for members and the profession working collaboratively with other organisations and professions across GB

Summary of activity /achievements since the last board meeting

- Continued stakeholder networking throughout Q1&Q2& Q3&Q4
- Continued RPS representation on various external high-level national genomics meetings
- Response to genomics related national consultations (sept 2022)
- Advised on the recruitment and development of the Precision medicine workstream within the RPS conference 2022 (Sept 2022)
- RPS Pharmacogenomics webinar series
 - Webinar 1 – July 2022
 - Webinar 2 – September 2022
 - Webinar 3 – October 2022
 - Webinar 4 – November 2022
- Attended and presented for the RPS at the national HEE/GEP/NHSE genomics pharmacy roundtable in November 2022
- Presented on pharmacogenomics for the Cardiff Uni Postgraduate MSc in Clinical Pharmacy, BOPA Conference, Ministry of Defence health conference (as external guest speaker), Welsh Genomic Café, National Policy Forum and Pharmacy Management forum for Wales (throughout October, Nov, Dec 2022)
- Led on development of the RPS response to the consultation regarding Clinical Genomics Services in England (November 2022)

Next steps

- A further webinar planned interviewing Sir Prof Munir Pirmohamed in March 2023 focussing on the future vision of pharmacogenomics in healthcare
- Development of a collaborative position statement for pharmacy's role in Genomic medicine (overarching the pharmacogenomics position statement)

- Panellist for roundtable discussion on ‘Genomics in Pharmacy’ at the Festival of Genomics conference in January 2023
- Accepted as a member of the Scottish Genomics network facet groups for education & training and research & development (currently setting up)
- Explore further opportunities for the RPS to collaborate with other stakeholder organisations/to raise the awareness and profile of the leadership role that pharmacists play in pharmacogenomics and genomics e.g., patient/public engagement, outcomes of the NHSE genomics pharmacy roundtable
- Continued genomics networking with stakeholders across GB
- Explore potential to develop RPS pharmacogenomics expert stakeholder group into a RPS pharmacogenomic expert advisory group

Conclusion:

The programme is progressing well, and actions planned for Jan to Dec 2022 within project plan were achieved. Sophie Harding will continue in her role leading this work for Q1 2023 as we form our workplan for the year.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Sophie Harding		Overall RAG
Reporting period		Quarter 4 (Sept to Dec)		
Risks / issues/		Programme underway at target		
Project deliverables		Progress summary		Next Steps:
1.	Pharmacogenomics awareness and engagement webinar series development	Webinars completed for 2022 series		Developing a spin-off pharmacogenomic webinar with Sir Prof Munir Pirmohamed
2.	Development of position statement on genomics in collaboration with other pharmacy bodies	On track		Finalise and sign-off by the board in due course.

Advice requested from Board:	For noting only
-------------------------------------	-----------------

	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 8th February 2022

Title of item	Inclusion and Diversity
Author of paper	Amandeep Doll
Position in organisation	Head of Professional Belonging
Telephone	0207 572 2353
E-mail	Amandeep.doll@rpharms.com
Headline summary of paper	Inclusion and Diversity Update – round up of Q4 and upcoming activity for Q1 & Q2 2023
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy • Engagement and collaboration with key stakeholders and pharmacy organisations to create change and long-term commitment to the RPS Inclusion and Wellbeing pledge • Staff absence and sickness <p>All risks have been mitigated against</p>
Resource implications	RPS Staff Time

Inclusion and Diversity Update

Background

[RPS Improving Inclusion and Diversity across our profession: our strategy for pharmacy 2020 – 2025](#) was launched in June 2020, with a commitment to improving inclusion, diversity and creating a sense of belonging for the whole profession.

We are committed to continue to deliver against our strategy and ensure there is an improved sense of belonging across the profession.

We must have a fair profession where everyone feels they belong for us to best deliver on all our professional responsibilities.

Summary of activity to date

1. Equality Impact Assessments (EQIA)

We have developed an Equality Impact Assessment process to be undertaken on membership products and external policies; this has now been approved by the RPS Executive and Assembly and is now being embedded into practice when initiating a project. To date EQIAs have been conducted on RPS curriculum and educational frameworks.

To support our members deliver accessible pharmacy services we have adopted the internal EQIA document for the [RPS Health Inequalities Position Paper](#).

2. Equality, Diversity and Inclusion (EDI) Data Collection

The survey results have been reported to Assembly in November, to support in collecting membership EDI data in a more sustainable and meaningful way a recommendation to collect data through Salesforce has been agreed. This will start in 2024 once Salesforce has been established in 2023.

We will continue to collect EDI data for our national boards, assembly, our expert advisory groups and educational programmes until move to data collection on Salesforce.

3. Parents and Carers Campaign

Since the launch of the parents and carers campaign on 26th September 2022 we have published five blogs by diverse pharmacists sharing their lived experiences on a range of topics with good levels of engagement:

- [Ojali Yusuff: Maternity support must be equitable](#)
- [Maxine Foster: Parenting and Leadership in the NHS](#)
- [Sarah Baig: Smashing the stereotypes associated with being a Muslim working mum in a leadership role](#)
- [Nina Barnett: Tips on asking for flexible working as a parent/carer](#)
- [Katie Reygate: Preparing to welcome a child into your life: a practical guide to planning leave from your career](#)

A live stream panel with Nina Barnett and Samantha Bee was held on the challenges of requesting flexible working and how to have the conversations with your teams and line managers.

A Pregnancy, Maternity, Paternity, Parents and Carers related microaggressions resource has been launched to highlight negative comments and behaviours individuals experience in the workplace. We also held a webinar 'Creating a positive working environment for Parents & Carers' with Rachel Vecht an expert in supporting organisations to work well with their parent and carers.

4. Scottish Disability Roundtable

Pharmacists and pharmacy technicians from across Scotland met at the Scottish Parliament and committed to bold actions to support people living with seen and unseen disabilities to work in pharmacy.

The meeting chaired by Jeremy Balfour MSP, Convener of the Scottish Parliament's Cross-Party Group on Disability, brought together a wide range of pharmacists and pharmacy organisations including the Chief Pharmaceutical Officer.

The meeting heard from pharmacists with lived experience of disability, pharmacy employers working to support pharmacy employees living with disabilities, GPhC's disability strategy and the National Pharmacy Technicians Group Scotland.

There was agreement that to effect change for pharmacists and pharmacy technicians living and working with a disability, it is crucial that there is cultural change. Key to this is encouraging a supportive, open and safe culture so pharmacy team members feel comfortable to discuss their individual circumstances with employers. Solutions suggested by meeting attendees included:

- Providing different ways of working to support pharmacists and pharmacy technicians with disabilities.
- Making flexible working the norm.
- Encouraging pharmacists and pharmacy technicians to provide more information about what support they may require.

To build on the round table and commitments made by the organisations a statement of support has been developed for organisations to sign to demonstrate their commitment to making a change.

5. Address Black students' awarding gap at both undergraduate and post graduate level.

This has been raised with the Pharmacy Schools Council (PhSC) to explore how we can work together to improve undergraduate and registration assessment pass rates for Black students, particularly to ensure pharmacy students are exposed to a diversity of personal backgrounds, skills and areas of practice through their pharmacy degree. These conversations are ongoing.

There is also an opportunity to consider solutions through the collaborative Inclusive Professional Practice with NHS England, APTUK and GPhC as part of the commitment to increase the diversity in senior leader roles across pharmacy organisations.

6. GPhC Consultation Response

We have submitted a response to the GPhC Fitness to Practice – Supporting good decision making at hearings, the submission can be read [here](#).

7. Professional Collaboration

GPhC Anti-racism roundtable

The roundtable focused on how racism manifests in pharmacy and the impacts it has on pharmacy professionals, there was a discussion and suggestions on what further actions can be taken to ensure a coordinated approach. The group will meet every 6 months to follow up on progress on the agreed actions

HEIW Foundation Training on Microaggressions Session

We have been working closely with the HEIW foundation trainee team to embed inclusion and diversity throughout the training year. A number of microaggressions workshops have been delivered to the trainees which have received positive feedback.

Inclusive Pharmacy Practice - Health Inequalities

RPS, NHSE/I & APTUK [Joint National Plan for Inclusive Pharmacy Professional Practice](#).

We are working collaboratively to deliver actions under each of the themes and evaluate progress. We have delivered the following activity with NHSE/I and APTUK:

- Supporting with IPP webinars
- Attendance at Improving Pharmacy Practice and Engagement Group (IPEG)
- Attendance at the IPP Board Meetings

8. Drumbeat Events and Celebrations

The most recent celebrations have been:

Islamophobia month

Working in collaboration with the British Islamic Medical Association (BIMA) we have held a panel session to discuss the prevalence of Islamophobia in Pharmacy with Khalid Khan and Sherifat Muhammad Kamal and its impact. The live stream had a good level of engagement. We have also shared a blog from Sannah Khan focusing on [how Islamophobia manifests in healthcare and how to create change](#).

Transgender awareness week

To raise awareness within Pharmacy on Transgender issues Ross a transmale community pharmacist shared [his lived experience](#) in a blog.

International Men's Health

We took a focus of mental health for International Men's Health this year, Aamer Safdar has written a candid account of his experience. There has been really good engagement with the blog across all social media channels.

Upcoming Activity for Quarter 1

9. Parents and Carers campaign

In addition to the above activity undertaken we will be continuing to undertake a number of activities planned including, working with the Professional Standards Team to update the return to practice guide to reflect returning from maternity and extended carers leave, accessing adoption/carers leave, guidance for line managers on how best to support their colleagues.

10. Disability Awareness Campaign

- a. **Scottish Disability Cross Party Parliamentary Group** - Following on from the Scottish Disability Roundtable, Jeremy Balfour MSP the Convener for the Cross-Party Group on Disability has invited us to share the recommendations from the roundtable to the Cross Party Group
- b. **Updating the HEOP guidelines** – Working with PSchC and GPhC we will engage with HEOP to update the guidelines to be more accessible.
- c. **Neurodiversity Training with Aabilities** – we're running a 2 part workshop on how to work with neurodiverse individuals and we can better support their needs in the workplace.
- d. **Flexible working Roundtable** – following up on the discussions of the GB roundtable on supporting flexible working for disability individuals.

11. Inclusion & Diversity Evaluation

Working with the Science & Research Team we will be developing an evaluation for the review the activity of the Inclusion and Diversity strategy over the last two years. Benchmarking against the 2018 survey and the impact of the outcomes. It will also support in establishing activity for the upcoming 2 years of the strategy.

12. Upcoming drumbeat events:

- a. LGBTQIA+ History Month – we will be showcasing a range of issues experienced by the LGBTQIA+ community in pharmacy including highlighting role models. We will also be taking an intersectional view and discussing adoption and challenges of being an adoptive parent.
- b. International Day of Women's and girls in Science – Sophie Harding, our pharmacogenomics lead will be sharing her experience of the world of pharmacogenomics.
- c. International Women's Day – we will be sharing pictures of RPS president and team members sharing the theme of this years campaign #embraceequality

Upcoming network-led events supporting belonging

- a. 15th February ABCD Meeting – Celebrating LGBTQIA+ History Month
- b. Date TBC: Social Media Livestream event – adoption leave in pharmacy
- c. Date TBC Celebrating International Women's Day in collaboration with Female Pharmacy Leaders Network

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Amandeep Doll	Overall RAG
Reporting period		Quarter 1 & 2	
Risks / issues/		<ul style="list-style-type: none"> Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge Staff absence and sickness 	
Project deliverables		Progress summary	Next Steps:
1	As part of the Parents and Carers Campaign produce returning to practice guidance	Taking evidence from the focus groups run in Sept 2022	To reach out to members of the focus group to help support in developing them
2	Develop a I&D evaluation plan with S&R team	A meeting has been arranged with the science and research team	To create an evaluation proposal
3	Identify key policy and advocacy asks for different protected characteristics	Currently being drafted with policy and public affair teams	To be send out to key stakeholders impacted to shape and refine.
4	Meeting with PScH and GPhC to update the HEOP guidelines	A date to be agreed for all three of us to meet	To reach out to HEOPs to how best to take this forward.
5	Publish Disability Roundtable report	On track	To continue to engage with the profession and highlight to key stakeholders what changes need to be made.

Advice requested from Board:	
-------------------------------------	--

	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 8 February 2023

Title of item	Workforce Wellbeing
Author of paper	Heidi Wright
Position in organisation	Practice and Policy Lead, England
Telephone	02075722299
E-mail	heidi.wright@rpharms.com
Headline summary of paper	To provide an update on Workforce Wellbeing activity (WWB) since the previous board meeting in Sept 2022
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	RPS, as the professional leadership body, must lead on this important issue for the profession
Resource implications	RPS staff

WORKFORCE WELLBEING

Background

The overarching aim of the RPS workforce wellbeing workstream is to support and improve the wellbeing and mental health of pharmacists, for both the current workforce and future generations.

Since 2019 we have undertaken an annual workforce wellbeing survey in collaboration with Pharmacist Support. Following the results from these surveys we have developed our policy asks and then advocated for change.

Progress has been made in several areas. The RPS have been successful in gaining access to national support for mental health and wellbeing across all three countries. This support was made available to pharmacists and their teams during the pandemic and continues to be available for all to access.

The RPS Inclusion and Wellbeing Pledge supports an environment that is conducive to good workforce wellbeing, and we have developed resources to help the implementation of this, such as a support tool for workforce wellbeing in the workplace.

We have also published blogs that demonstrate ways in which positive workforce wellbeing can be achieved.

Summary of activity /achievements to date

- Access to nationally funded mental health and wellbeing support for pharmacists and their teams across Great Britain
- Annual Workforce Wellbeing Survey in 2019, 2020, 2021 and 2022
- Analysis of results and production of a report following the surveys (more information at <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>)
- Development of policy asks and advocating for change
- Establishment of Workforce Wellbeing Action group formed from RPS members with an interest in mental health and wellbeing. Had the first meeting of 2023 with the group and 3 more meetings planned in 2023. Over 190 members signed up to the WWAG
- Development of resources highlighted on [RPS wellbeing hub](#)
- Several blogs to demonstrate Workforce Wellbeing in action
- RPS Inclusion and Wellbeing pledge and ongoing work around the implementation of the pledge

- Exploring a series of learning sessions with Pharmacist Support in 2023
- In our [policy](#) we called for pharmacy employers and pharmacy trade unions to come together to a round table meeting to agree principles for a way forward that ensures patients benefit consistently from access to high quality, adequately staffed, safe pharmacy services. It is good to see NHS England bringing key stakeholders together to talk about workforce planning. The first meeting is on 24 Jan 2023.

Next steps

- Following the results of the survey in 2022 we will continue to advocate for protected learning time and rest breaks.
- Explore alignment between workforce and workforce wellbeing projects in terms of advocacy and policy asks
- We are developing a PLT policy to support advocacy in this area
- We will develop a WWB survey for 2023.
- Continue to work collaboratively with Pharmacist Support, exploring opportunities to undertake joint working and running learning events with them in 2023
- Continue to engage with members via the Workforce Wellbeing Action Group (WWAG)
- Continue to engage and collaborate with key stakeholders to advocate for change

Conclusion:

Workforce Wellbeing is a priority for RPS and we will continue to lead and engage in this area




RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Workforce Wellbeing	Overall RAG
Reporting period	September 2022 – January 2023	
Risks / issues/	<p>Risk around impact and change based on advocacy and policy not being seen or felt in everyday practice</p> <p>Working with key stakeholders to bring about long-lasting change</p>	

OPEN BUSINESS

Project deliverables		Progress summary	Next Steps:
1.	Develop a policy on PLT	In progress	Having clear recommendations will support advocacy work
2.	Work with PS to develop a series of learning events for RPS members	In progress	Ongoing regular meetings with PS
3.	Develop member WWB survey for 2023	In progress	Will be progressed later in 2023
4.	Analyse survey data and write report	Yet to start	Will be progressed following data collection from survey when survey closes

Advice requested from Board:	
-------------------------------------	--

	At risk of not being delivered
	Delayed
	On plan

ENGLISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Thursday 29th September 2022 at 13.30 in the Events Space, 66 East Smithfield, London, E1W 1AW and by Zoom.

Present:

English Pharmacy Board

Thorrund Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Adebayo Adegbite (AA), Claire Anderson (CA), Emma Boxer (EM), Sibby Buckle (SB), Ciara Duffy (CD), Mary Evans (ME), Brendon Jiang (BJ), Ewan Maule (EM), Erutase (Tase) Oputu (TO), Michael Maguire (MM), Paul Summerfield (PS) (joined via zoom)

In attendance:

RPS Staff

Paul Bennett (PB) Chief Executive, Jenny Allen (JA) CPhO Fellow to the RPS, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging; John Lunny (JL), Public Affairs Lead England, Ravi Sharma (RS) Director for England

In Attendance

Priyanka Patel, President, BPSA (by zoom)
Sunaya Shah, Chair of Industrial Pharmacists' Group (by zoom)
RPS member observers (by zoom)

Apologies

Alisdair Jones (AJ),

22.09.EPB.01	<p>Welcome and Apologies</p> <p>The Chair welcomed board members, staff, invited guests and observers to the meeting and noted apologies from Alisdair Jones.</p>	
22.09.EPB.02	<p>Declarations of Interest</p> <p>The EPB noted paper 22.09.EPB.02C along with the amendments made by Brendon Jiang and Sibby Buckle.</p>	
22.09.EPB.03	<p>Minutes of the Previous meeting on 28 June 2022</p> <p>The EPB noted paper 22.09.EPB.03 and confirmed that these minutes were an accurate record of proceedings. The minutes were approved by Martin Astbury and seconded by Claire Anderson,</p> <p>There were no matters arising from these minutes.</p>	
22.09.EPB.04	<p>Sectoral Places</p> <p>The EPB noted paper 22.09.EPB.04 and appendix.</p> <p>The Chair invited discussion on whether we need a return to sectoral places for the 2023 elections.</p> <p>The board had a lengthy discussion on the pros and cons of sectoral places with some very valid points made. Due to there being no elections in 2020, the year of the pandemic, there will only be one vacant place on the board in 2023 so it was felt a return to sectoral places for 2023 would not be relevant or necessary but all agreed that this item would need to be discussed on an annual basis.</p> <p>It was noted that the board currently is diverse and has a good mix of sectors but that may not always be the case which is why it is important to review annually.</p>	
22.09.EPB.05	<p>Any other business</p> <p><u>Ravi Sharma leaving the RPS on 4 October 2022</u></p>	

	<p>The Chair led the thanks to Ravi for his contributions to the RPS and the EPB in his four year career at the RPS. Ravi has opened many doors for the RPS and has had a massive impact. He will be missed. All wished him well in the next steps of his career.</p>	
22.09.EPB.06	<p>Dates of next NPB/EPB meetings:</p> <p>National Pharmacy Board meeting (NPB) –8 February 2023</p> <p>Dates for other meetings in 2023 are still to be confirmed.</p>	

Unapproved

English Pharmacy Board meeting - 8 February 2023

Title of item	English Pharmacy Board Elections 2023
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager England Yvonne.Dennington@rpharms.com
Item to be led at the meeting by	James Davies
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Information on English Pharmacy Board elections 2023

National Pharmacy Boards' Elections 2023 - England

1.2023 Elections

The term of office for the following Board member who was elected for three years in 2020 comes to an end at 11.59pm on the 21 June 2023.

Martin Astbury

There will therefore be **1 place** to be filled in the forthcoming 2023 elections.

In addition to the substantive place above, there is one additional Casual Vacancy for a period of one year, due to a resignation from the Board effective from June 2023. This position will be filled by the Member or Fellow with the highest number of votes remaining in the election after the substantive place on the Board has been filled.

2. Nominations

The RPS will continue to use Mi Voice as the Scrutineers for the National Pharmacy Board elections in 2023.

3. Election Scheme

All details pertaining to the 2023 election can be found in the Election Scheme for 2023 at [Who We Are | RPS \(rpharms.com\)](https://www.rpharms.com/who-we-are)

4. Risk implications

Reputational risk if a robust process is not followed.

5. Resource implications

All costs have been accounted for in the budget for 2023.

James Davies

Director for England

Returning Officer for the English Pharmacy Board Election

SCOTTISH PHARMACY BOARD MEETING

Minutes of the open business meeting held on Thursday 29 September 2022. The meeting was held on Zoom and in person in the Flockhart room, 44 Melville Street, Edinburgh, EH3 7HF.

Present:

Andrew Carruthers (AC) Chair, Catriona Sinclair (CS) Vice Chair, Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), Kelsey Drummond (KS), Josh Miller (JM), Jill Swan (JS) and Audrey Thompson (AT).

RPS Staff

Ross Barrow (RB) Head of External Affairs, Scotland, Corrine Burns (CB) PJ Correspondent (until 3 pm), Clare Morrison (CM) Director for Scotland, Carolyn Rattray (CR) Business Manager, and Laura Wilson (LW) Practice and Policy Lead, Scotland.

Apologies

Iain Bishop (IB) (SPB)
Richard Shearer (RS) (SPB)
Jacqueline Sneddon (JS) (SPB)

22.09.SPB.15.	Work planning for 2023 The Board reviewed the workplan for 2022: <ul style="list-style-type: none">• The breadth of work and progress achieved was noted, and Board members suggested RPS should communicate this with members.• The success of the best practice event in May was highlighted.• It was disappointing not to have recruited Ambassadors to all RPS Regions in Scotland. These should be readvertised as soon as possible and Board members will engage to encourage applications.	
----------------------	---	--

	<p>The Board then discussed ideas for inclusion in the workplan for 2023. The three overarching from 2022 of Advancing Professional Practice, Professional Engagement and Professional Belonging should be retained. The workstreams within each of these themes should be updated to include:</p> <ul style="list-style-type: none"> • Advancing Professional Practice: priorities include sharing best practice relating to vision work; Scottish Government's forthcoming hospital transformation strategy; supporting independent prescribing including risk, professional decision making, deprescribing and competence; linking with the pharmacogenomics strategic network; tackling health inequalities; and formalising links between EAGs and Boards. • Professional Engagement: continue active political engagement; consider the outcomes of the forthcoming RPS review and CPO independent commission and shape workplan around this • Professional Belonging: a big focus on wellbeing is needed; ongoing workforce issues; and expand inclusion and diversity work to include Fairer Scotland Duty for public bodies and gender dysphoria. 	
22.09.SPB.16	<p>Professional Leadership Commission</p> <p>The Board was keen to ensure that the Scottish voice is heard by the UK Chief Pharmaceutical Officer's Pharmacy Professional Leadership Commission. It put forward two suggestions:</p> <ol style="list-style-type: none"> 1. To consider illustrating the RPS submission with examples of work by RPS Scotland 2. To consider engaging with the Scottish members of the commission and its working groups. 	
22.09.SPB.17	<p>Single shared patient record</p> <p>The Board discussed the agenda for the forthcoming multi-professional cross-political party round table to be held at RPS Scotland on 5 October, co-hosted by RPS and GPhC</p>	
22.09.SPB.18	<p>Items for noting</p> <p>There were no items for noting.</p>	

22.09.SPB.19	Plan for next meeting A Doodle poll will be circulated for an evening meeting in October The Board identified a preferred date of Tues 22 November at 7pm for 7.30pm speeches for the rescheduled celebratory / welcome to the profession event.	
22.09.SPB.20	AOB None raised.	

UNAPPROVED

National Pharmacy Board meeting – 8 February 2023

Title of item	RPS Expert Advisors SBAR
Author of paper	Laura Wilson
Position in organisation	Director for Scotland
Telephone	02075722228
E-mail	Laura.wilson@rpharms.com
Item to be led at the meeting by	Laura Wilson
Headline summary of paper	To consider creating a list of subject matter experts who can assist when required with enquiries, consultations, etc.
Purpose of item (decision / discussion)	For discussion/input
For consideration	If for discussion/decision include guidance/questions to prompt outcome driven discussion
Risk implications	None
Resource implications	Staff time to make contact and establish links

TITLE OF PAPER: RPS Expert Advisors SBAR

Questions for consideration:

- Do we need experts to help us answer queries, respond to consultations, etc.?
- Should we have a list of names or attempt to find people to input on an ad hoc basis?

Situation

As the professional leadership body for pharmacists, we are often asked for comment on a variety of topics. These requests can be made in a number of ways and include being asked to provide a comment about an emerging situation, attend meetings or respond to consultations. While we can respond readily in many areas, it can help to have clinical or practical input from someone with expertise in that area. We often draw on members and non-members for this expertise. It can take time to find someone with the appropriate experience who is willing to provide comment and there are times when these requests are time sensitive.

Background

RPS work to ensure that the voice of pharmacists is heard whenever there are medicines being discussed. It is important that we respond to requests for comment, where appropriate, and participate in working groups and attend meetings. We already have a number of Expert Advisory Groups which cover the main sectors of practice and some specific topic areas such as digital pharmacy. However, the requests we can receive can sometimes be more specific and require a current working knowledge of that area. The recent focus on HRT shows how specific some of the topics are and where the input of an expert in that area would be invaluable.

Assessment

We currently have pharmacists who currently represent us at meetings, or assist with consultation responses, who have been identified in several different ways: through the existing expert advisory groups, through current Board Members or via stakeholder organisations. This has often been done in response to a request or through previous engagement.

OPEN BUSINESS

Our representatives agree to attend meeting on our behalf ensuring there is representation from RPS there but also ensuring they can provide clinical or expert input when required. They have support of their line managers, and the experience can be used as a development opportunity. Attending meetings on our behalf can be useful for pharmacists looking to gain experience of working at a national level. There are processes in place to allow them to feedback a brief outline of the meeting and any input they had into it.

We could respond to requests in a much more efficient and effective way if we were able to identify people within specific topic or specialist areas who would be open to being contacted by RPS when required. They may be asked to comment on documents, provide feedback on a consultation response or assist with a briefing for a media interview. We would endeavour to make any time commitment minimal.

Recommendations

- Review the list of topic areas (below) and add any we think it would be important to have specialist clinical or expert input into, should we be asked to provide comment
- Review the list of general areas of pharmacy and add any where it would be helpful to have people with a working knowledge of the area should we be asked to provide comment
- Update the list with known Expert Advisory Groups or Special Interest Groups
- Identify individuals who would be happy to be contacted if we were looking for input into their specific area utilising the networks of DOP's, Board members and Expert Advisory Groups

Suggested topic areas

Clinical Area	Special Interest Group or Expert Advisory Group that already exists in that area
Antimicrobials	RPS AmEAG/Association of Scottish Antimicrobial Pharmacists Group
Care Homes	Care home SIG/Care Home Pharmacists SIG
Community pharmacy	RPS CPEAG
Digital Pharmacy	RPS DPEAG
Specific clinical conditions	

OPEN BUSINESS

<i>Cancer</i>	Scottish Oncology Pharmacy Practice Group (SOPPG)
<i>Dementia</i>	
<i>Diabetes</i>	Diabetes Pharmacist Special Interest Group
<i>Epilepsy</i>	
<i>Heart Conditions</i>	Scottish Cardiac Group
<i>Infectious Diseases</i>	
<i>Mental Health</i>	Mental Health Pharmacy Strategy Group
<i>Pain</i>	Scottish Persistent Pain Group (SPPN)
<i>Dermatology</i>	
<i>Paediatrics</i>	Scottish Neonatal and Paediatric Pharmacists Group (SNAPP)
<i>Respiratory</i>	Scottish Respiratory Pharmacy SIG
<i>Rheumatology</i>	Scottish Rheumatology Pharmacists Network
Controlled Drugs	
Homecare	Medicines Homecare National Governance and Management Group (MHNGMG)
Hospital Pharmacy	HEAG/ Scottish Hospital Pharmacists' Education & Training Group
Pharmacy first and Pharmacy First Plus	
IT – access to records	
<i>HEPMA</i>	
<i>Community access</i>	
Older people	Older People SIG
Medicines safety	
Palliative care	Scottish Palliative Care Pharmacist Association (SPCPA)
Pharmaceutical Industry	RPS IPEAG
Pharmacy Education	
Pharmacy Research	RPS Science and research committee/Clinical Trial Special Interest Group
Polypharmacy	
Prescribing	
Primary Care	RPS PCEAG

OPEN BUSINESS

GP Pharmacy	
Public Health	Pharmaceutical Public Health Network
<i>Substance misuse</i>	Specialist Pharmacists in Substance Misuse (SPiSM)
<i>Alcohol</i>	Specialist Pharmacists in Substance Misuse (SPiSM)
<i>Smoking</i>	
<i>Sexual Health</i>	
<i>Travel Health</i>	
<i>Vaccination</i>	
<i>Blood Borne Virus</i>	Scottish Viral Hepatitis Pharmacy Group/ Scottish HIV Pharmacists
Remote care	
Women's Health	

Other SIG's




Scottish Covid Pharmacists Group
 Vaccine Holding Centre Group (VHCG)
 Scottish Unlicensed Medicines Advisory Board (SUMAB)
 Scottish Pharmaceutical Quality Assurance Group (SPQAG)
 Scottish Critical Care Pharmacist Group (SACCPN)
 Pharmacologistics Operational Group (POG)
 Emergency Planning Lead Pharmacists Group
 Aseptic Services (ASSIG)
 Association of Medicine Information Practitioners (ASMIP)

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Laura Wilson		Overall RAG
Reporting period			
Risks / issues/			
Project deliverables	Progress summary	Next Steps:	
1.	SBAR written to be presented to Board		
2.			

OPEN BUSINESS

Advice requested from Board:	
-------------------------------------	--

	At risk of not being delivered
	Delayed
	On plan

WELSH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Thursday 29th September 2022 at RPS Offices, 2 Ash Tree Court, Woodsy Close Cardiff, CF23 8RW and via Zoom

Present:

Welsh Pharmacy Board

Cheryl Way (CW) Chair, Eleri Schiavone (ES), Helen Davies (HD), Richard Evans (RE), Geraldine Mccaffrey (GM) Vice Chair, Gareth Hughes (GH), Liz Hallett (LH) Rhian Lloyd-Evans, (RE), Lowri Puw (LP)

RPS Staff

Elen Jones (EJ) Director for Wales, Alwyn Fortune (AF) Policy and Engagement Lead, Cath Ward (CW), Business Manager Wales, Ross Gregory (RG), Head of External Affairs, Wales, Iwan Hughes (IH) Policy and public affairs executive Wales

Apologies

Dylan Jones
Elly Thomas

1. (13.50) 60 mins	Work Planning for 2023	For discussion	<p>EJ provided an overview of the aims and objectives of the session as follows: -</p> <ul style="list-style-type: none"> - To reflect and gain feedback from board members on 2022 workplan activities - To obtain advice and input on key strategic areas for improvements and opportunities for the RPS Country Team workplan for 2023 - To be informed about the strategic priority's areas for the NHS and the pharmacy profession for now and the future - To consider how RPS can collaborate with the NHS and Government to support the development of the profession and improve patient care - Begin to scope out priority areas and themes for 2023 activities to support the profession and improve patient care. <p>The WPB reflected on the 2022 work plan focussing on a range of questions from what has gone well to are there areas to improve and what do we think members feel about our work.</p> <p>In discussion the following points were noted: -</p> <ul style="list-style-type: none"> - Members have been very satisfied with the PDaHW engagement events and associated project. The wellbeing work and inclusion and diversity programme through the ABCD group has been positively received. RPS support and guidance tools have been useful, particularly the expanding scope of prescribing practice and all the materials provided throughout covid pandemic. Unfortunately, there has been negative twitter activity in connection with the wider RPS leadership and Assembly decisions. On the whole members have given positive feedback - WPB feel that there should be more communication targeted at non-members, and are eager to work with the team to help make this happen
-----------------------	---------------------------	----------------	---

			<ul style="list-style-type: none"> - Education perspective was discussed and RPS webinars were highlighted as being of high quality - Want to see more connectivity at a local level and WPB are eager to support the new regional ambassadors who have been appointed. Enabling regions to communicate with members online would be welcomed, WPB eager to see RPS connect being launched as soon as possible. - Members are faced with very difficult financial decisions with the cost-of-living crisis and will be thinking hard about whether they are getting value from membership, so we need to work harder than ever to demonstrate the value, personally and for the wider profession - All the 2022 workplan has been essential and needs to be continued, although BMs noted that there should be more emphasis placed on certain areas like the vision work. WPB are conscious of the time commitments of the team in balancing the current projects and enabling space for network. <p>WPB members agreed that the current work plan was still fit for purpose and that there were additional work streams planned that linked well into the vision. They expressed a view that there needs to be increased engagement with HEIW, with more round table discussion around work force planning with other organisations also, ensuring strong collaboration not duplication.</p> <p>They discussed the possibility of a refresh of the Palliative Care policy, which would be Welsh specific.</p> <p>EJ advised on the next steps for 2023, and WPB noted that this is just the start of the work activity planning process All the discussions and feedback from today will be collated and shared with the board</p> <p>She advised that any further feedback after board meeting please email the team.</p> <p>The RPS CDs will start to pull together a working document to start to piece together an outline of ideas and themes for 2023. There will be further engagement</p>
--	--	--	---

			<p>and feedback required from the boards during October and the priority areas and outputs will need to be agreed</p> <p>The aim is to develop and finalise work plan for 2023 by end of November for sign off by each board respectively.</p>
2. (14:50) 30 mins	Professional leadership commission	For discussion	This item was covered in the main National Pharmacy Board session 29 th September 2022, and these minutes will be published on the website in due course
3. (15:20) 30 mins	PDaHW – Vision update	22.09.WPB.01	<p>RG and EJ provided an update on the PDaHW Vision – Goals 2025. He advised that the approach taken had been to create a single strategic communication plan, which has been signed up to and owned by all stakeholders.</p> <p>He advised the board on the changes of the updated goals for the areas: -</p> <ul style="list-style-type: none"> - Enhancing patient experience, to ensure that all patient facing pharmacists can prescribe to meet patient needs. - Developing the pharmacy workforce to ensure that every member of the pharmacy team has access to training to maximize their contribution to patient care. - Seamless pharmaceutical care, to focus that Pharmacy is a core part of the patients' multi-disciplinary team and are considered in all new care pathways. - Innovation and technology, and that supply of medicines is streamlined, and artificial Intelligence and personalised medicines are championed by pharmacy teams. <p>The board discussed the PDaHW logo which was being changed to give an improved identity. WPB provided opinions on the different options.</p>

			<p>WPB noted that the launch event was scheduled for Thursday 27th October 2022 at the Glamorgan County Cricket Club, where there would be an opportunity for networking and photos. The Minister for Health and Social Services, Eluned Morgan would be giving a keynote speech, and board members were asked to sign up to the event,</p> <p>The next steps will be to ensure a strong communications plan and organisation of the launch event, with social media promotions about the launch. We have organised a drop-in session with Members of the Senedd and the team will continue with a programme of local/national engagement/update events.</p> <p>WPB were pleased to have been involved in all stages of the development of the new goals.</p>
4. (15:50) 20 mins	Daffodil Standards	22.09.WPB.02	WPB noted the update on the Daffodil Standards provided in the briefing paper.
5. (16.10)	Senedd Members Perception Audit	For discussion	<p>RG updated the WPB that Camlas (Public Affairs Consultancy) had been commissioned to independently undertake the audit. The aim was to measure Senedd Members' awareness of familiarity with and knowledge of the RPS, and the relative position of the organisation vis-à-vis comparable bodies.</p> <p>Interviews had taken place with a cross section of MSs in June/July. Members of the Health & Social Care Committee were also specifically included. A Party-political analysis was undertaken.</p> <p>WPB noted that key findings revealed that there was: -</p> <ul style="list-style-type: none"> - Overall respondents seem to think of the RPS favourably - Acknowledgement of RPS being a well-respected institution, valuing the status and reliability of the organisation and its research - Limited understanding of RPS (compared to other organisations)

			<ul style="list-style-type: none"> - RPS campaign raising issues of E-Rx & pharmacist wellbeing was well recognised - All political parties were complimentary about a recent RPS drop-in event on wellbeing which they found informative. <p>The board in discussions raised the following: -</p> <ul style="list-style-type: none"> - Pleased that we had been compared to such well-known and respected bodies that focus a lot of attention and finance on political work. In terms of reputation RPS clearly faired very well. - RPS also viewed positively against other organisations in terms of visibility <p>Next steps RPS needs to build new and continue existing relationships with Senedd Members, with more face-to-face interaction needed. There needs to be more targeted engagement with specific M'S to harness support</p> <p>It was noted that RPS should utilise partnership opportunities to promote joint messages and these opportunities would be coming up with ABPI and Marie Curie soon.</p> <p>The team will update the board on any progress, and this will be monitored, and evaluated & lessons learned drawn out.</p>
6. AOB			<p>The board raised two issues for discussion</p> <ul style="list-style-type: none"> - Assembly dates and NPBCF as well as other RPS meetings were not made available, so they felt unprepared to advise the chair on potential decisions - Pharmacogenomics – board names had been put forward to take part in the workstream, but BMs did not feel fully included in this work. <p>Action- CW to investigate and report back to the board.</p>

--	--	--	--

Unapproved

Welsh Pharmacy Board meeting - 8 February 2023

Title of item	Welsh Pharmacy Board Elections 2023
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Cath Ward Business Manager Wales Cath.ward@rpharms.com
Item to be led at the meeting by	Elen Jones
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Information on Welsh Pharmacy Board elections 2023

National Pharmacy Boards' Elections 2023 - Wales

1.2023 Elections

The term of office for the following Board member who was elected for three years in 2020 comes to an end at 11.59pm on the 21 June 2023.

Richard Evans

There will therefore be **1 place** to be filled in the forthcoming 2023 elections, from the Locum (any sector).

2. Nominations

The RPS will continue to use Mi Voice as the Scrutineers for the National Pharmacy Board elections in 2023.

3. Election Scheme

All details pertaining to the 2023 election can be found in the Election Scheme for 2023 at [Who We Are | RPS \(rpharms.com\)](https://www.rpharms.com/who-we-are)

4. Risk implications

Reputational risk if a robust process is not followed.

5. Resource implications

All costs have been accounted for in the budget for 2023.

Elen Jones

Director for Wales

Returning Officer for the Welsh Pharmacy Board Election